Section I – General Information

Name of State Agency
Division of Children and Family Services, Department of Human Services

Period Under Review
Onsite Review Sample Period October 2006 - present_____ Period of AFCARS Data ____FFY 2006 – October 2005 through September 2006.____ Period of NCANDS Data (or other approved source; please specify alternative data source) _____

State Agency Contact Person for the Statewide Assessment	
Name:	Pat Page
Title:	Director of the Division of Children and Family Services
Address:	P.O. Box 1437, Slot S 560
	Little Rock, Arkansas 72203
Phone	501-682-8770
Fax:	501-682-6968
E-Mail	Pat.page@arkansas.gov

Agency Description

The Division of Children and Family Services (DCFS) is organizationally located within the Arkansas Department of Human Services (DHS). DHS is the largest state agency with more than 7,500 employees working in all 75 counties of the state. Every county has at least one local office where citizens can apply for any of the services the department offers. Some counties, depending on their size, have more than one office. DHS employees work in 10 major divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 700,000 Arkansans each year.

The Child Welfare System

The Division of Children and Family Services is the designated state agency to administer and supervise all Child Welfare Services (Titles IV-B and IV-E of the Social Security Act) and is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to race, color, religion, sex, age, national origin, mental or physical disability, veteran status, political affiliation or belief.

The Mission of the Division

DCFS is committed to child protection and family preservation. Every child is entitled to grow up in a permanent family. The primary and preferred way of achieving this goal is to provide families experiencing turmoil with services to prevent the need to place children outside their homes. When a child must be separated from the family, DCFS will provide a healthy and safe environment and will make appropriate and timely efforts to provide services to reunite the family. DCFS will provide appropriate homes for children who cannot be reunited with their families.

Our mission is to:

- protect children;

- maintain families, if this is appropriate, with the child's health and safety always considered paramount;

- provide quality services within available resources which enable families to maximize their potential and increase their abilities;

- preserve and enhance human dignity and worth;

- prevent or reduce the need for services.

DCFS Beliefs and Specific Beliefs

- Every child matters.
  - Child safety comes first
  - Children deserve to thrive not just survive
  - We must never give up on a child
  - Children deserve a forever family
  - No child is unadoptable

- People need family
  - People do best in a supportive families
  - As a family function improves, individual outcomes improve
  - Families must be involved in the decisions about children in care
  -
- Strong communities build strong families
  - People are best supported by their own communities
  - People belong in community
  - DHS can't do it alone.

- Our job is to empower people to help themselves
  - People need skills to succeed
  - Jobs empower
  - We have high expectations of our contractors, our clients and ourselves
  - Everyone has strengths that can be built on
  - No individual or system should limit any person's potential
  - Our services should promote self worth, dignity and respect
  .
- We have a responsibility to provide services that work.
  - Family centered services are most effective
  - Coordinated, consistent services promote better outcomes
  - Individuals and families should have access to appropriate resources
  - Early and appropriate intervention promotes successful outcomes
  - Services must be evaluated and based on outcomes measured in order to promote improved practice
  - Substance abuse services are essential and will be addressed.

The Division's Administrative Structure

DCFS has four (4) major administrative units (offices), each with an Assistant Director to provide services and administrative support for children and family services programs:

1. Office of Community Services – This office is responsible for the direct and purchased service delivery of child welfare services in each of the 75 counties of the state.   Each of the ten areas has an Area Manager, County Supervisors, Family Service Workers, Family Support Specialists and other county-based staffs to provide direct services. Services are also provided through a statewide network of community providers.
Office of Community Services has a Client Advocate who assists DCFS consumers who have inquiries and complaints and a Foster Parent Ombudsman who assists foster parents who have questions and concerns.

2. Office of Community Support – This office provides program support for the following services: Protective Services, Family Support, Foster Care, and Adoptions; manages the CAPTA grant; provides services through Interstate Compact on Placement of Children (ICPC) and Central Registry; oversees contracts for counseling, home studies, psychological evaluations, therapeutic foster care, IFS/counseling, day care, home studies, psychological evaluation, and drug screenings/assessments.
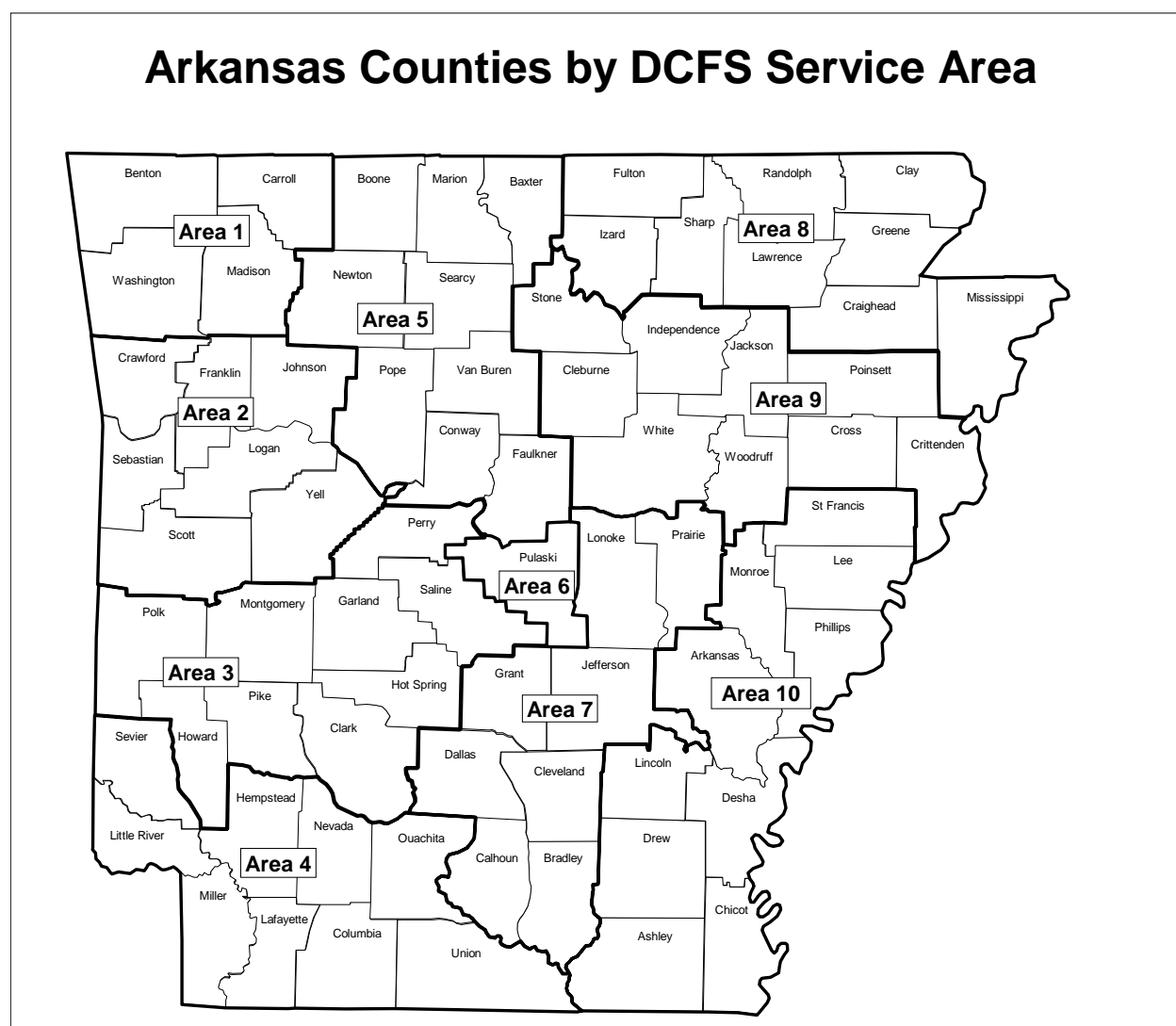
3. Office of Finance and Administrative Support – This office provides support in the following areas: financial support, budgeting, funds management, accounts payable, contracts management, and personnel.

4. Office of Legislative Analysis, Research and Planning – This office provides administrative and programmatic support in the areas of planning, policy development, planning for mental health care for foster children, child welfare agency licensing, and professional development and staff training. Council for Accreditation (COA) accreditation is coordinated through this office.

The Division's Provision of Services

In addition to services provided directly by DCFS staff, the Division purchases services from private and public agencies, universities and individuals using state and federal funds. Programs and services of other Divisions within DHS are also available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, Food Stamps, Social Services Block Grant and other federal entitlement programs.

The Division's Operational Structure

DCFS has offices in all 75 counties of the state. The 75 counties are organized into 10 Service Areas, as shown in the map on the following page. Each county office is managed by a "county supervisor," and the county offices within a given Service Area are managed by an "area manager," who in turn reports to the Assistant Director of the Office of Community Services.

Arkansas Counties by DCFS Service Area

Benton, Carroll, Boone, Marion, Baxter, Fulton, Randolph, Clay

Area 1, Sharp, Izard, **Area 8**, Lawrence, Greene

Washington, Madison, Newton, Searcy, Stone, Independence, Jackson, Craighead, Mississippi

Area 5, Poinsett

Crawford, Franklin, Johnson, Pope, Van Buren, Cleburne, **Area 9**

Area 2, Conway, White, Woodruff, Cross, Crittenden

Sebastian, Logan, Faulkner, St Francis

Yell, Perry, Lonoke, Prairie, Monroe, Lee

Scott, Pulaski, **Area 6**

Polk, Montgomery, Garland, Saline, Jefferson, Phillips

Area 3, Hot Spring, Grant, **Area 7**, Arkansas, **Area 10**

Pike, Clark, Dallas, Lincoln

Sevier, Howard, Cleveland, Desha

Hempstead, Nevada, Ouachita, Drew

Little River, **Area 4**, Calhoun, Bradley

Miller, Columbia, Union, Ashley, Chicot

Lafayette

Recent Legislative Changes Affecting DCFS Policy

The present section reviews major changes to state child welfare legislation that occurred since the first round of CFSRs.

Act 874 of 2005: Permitted placement of foster children in "provisional foster homes" which are relative foster homes that can be opened very quickly. Relative is defined as the fifth degree of kinship by virtue of blood or adoption. Safety checks such as the local, state and central registry checks and a walk through of the home must be completed before placing the child. The provisional foster home has six (6) months to be opened as a regular foster home or the child will be moved to an approved home.

Act 1176 of 2005: "Garrett's Law" amended the child neglect definition to include Newborn Child Born with an Illegal Substance in its system. This allowed the Child Abuse Hotline to accept reports of neglect related to newborn children being born with an illegal substance present in their system as a result of the pregnant mother's use before birth of an illegal substance or with a health problem as a result of the pregnant mother's use before birth of an illegal substance.

Reports will only be accepted from the following mandated reporters: a licensed nurse; an osteopath; a physician; a resident or intern; a surgeon or any medical personnel who may be engaged in the admission, examination, care or treatment of persons. The reporter must have reason to believe that a newborn's condition (having an illegal substance in its body and/or a health problem) is the direct result of prenatal exposure of the newborn to an illegal substance abused by the mother.

An allegation may be founded only after the worker has:
- Verified that the newborn has an illegal substance in its body and/or a health problem caused by prenatal exposure to the illegal substance, and
- Secured a preponderance of evidence that the mother abused the illegal substance before the newborn was born.

This was amended during the 2007 legislative session to include this major change: "at the time of the birth of a child, the presence of an illegal substance in the mother's bodily fluids or bodily substances as a result of the mother's knowingly using an illegal substance before the birth of a child." It also added that the mandatory reporter include "a social worker in the hospital" could call the hotline and report.

Act 216 of 2007: To allow the Department of Health and Human Services to appoint a signee so that a child in state custody may obtain an Instruction Permit, a Learner's License, or an Intermediate Driver's License. Policy and procedures are being developed and looking into issues regarding insurance.

Act 372 of 2007: To amend the Interstate Compact on the Placement of Children – to include the following definition "Home study" means a written report that is obtained after an investigation of a household and that may include a criminal background check, including a fingerprint-based criminal background check in the national crime information database and a local criminal background check on any person in the household sixteen (16) years or older.

Act 725 of 2007: To create the Foster Parent Support and Foster Children Protection Act of 2007 – foster parents are to be treated as a part of the team, receive training to enhance their skills and abilities, have contact information about staff, have access to services, have full disclosure of all medical, psychological and behavior issues regarding child placed in their home, have meaningful participation in the planning for child's services and case plan, and be notified of all meetings in regard to the children in their home.

An Overview of Agency Responses to Reports of Child Maltreatment

DCFS and the Crimes Against Children Division (CACD) of the Arkansas State Police (ASP) are the agencies mandated by Ark.Code §12-12-507(b) to assess allegations of child abuse and/or neglect. DCFS is designated as the governmental agency charged with child welfare services including the provision of foster care. Through Act 1240 of 1997, the DHS and the Division entered into an agreement with the ASP' for CACD to assume responsibility for the administration of the Child Abuse Hotline and the assumption of investigative responsibility. CACD is composed of two sections: 1) the Child Abuse Hotline and 2) civilian employees who assess child maltreatment reports.

Upon receipt of a report of alleged child maltreatment, Child Abuse Hotline operators, guided by a written protocol, make two initial decisions regarding the report: first, they "screen" the report to determine its credibility and whether or not the report falls under the purview of legal definitions of child maltreatment. Second, if the report is determined to be credible and appropriate, the operator makes a determination regarding the level of severity of the alleged maltreatment. Reports that are "accepted" or "screened-in" are classified as either "Priority I" (more serious) or "Priority II" (less serious or severe). CACD has the responsibility to assess most Priority I allegations of child maltreatment. DCFS is responsible for all Priority II reports and for ensuring the health and safety of the children even if the primary responsibility for the investigation belongs to CACD.

An Overview of Arkansas's Dependency-Neglect Procedure

In Arkansas, Arkansas Constitutional Amendment 80, which took effect on July 1, 2001, eliminated separate courts of law and courts of equity in Arkansas. Circuit courts are general jurisdiction trial courts. Effective January 1, 2002, circuit courts were organized into five subject matter divisions: criminal, civil, probate, domestic relations, and juvenile. For the 75 counties in the state, there are 23 Judicial Circuit Courts and 34 juvenile judges.
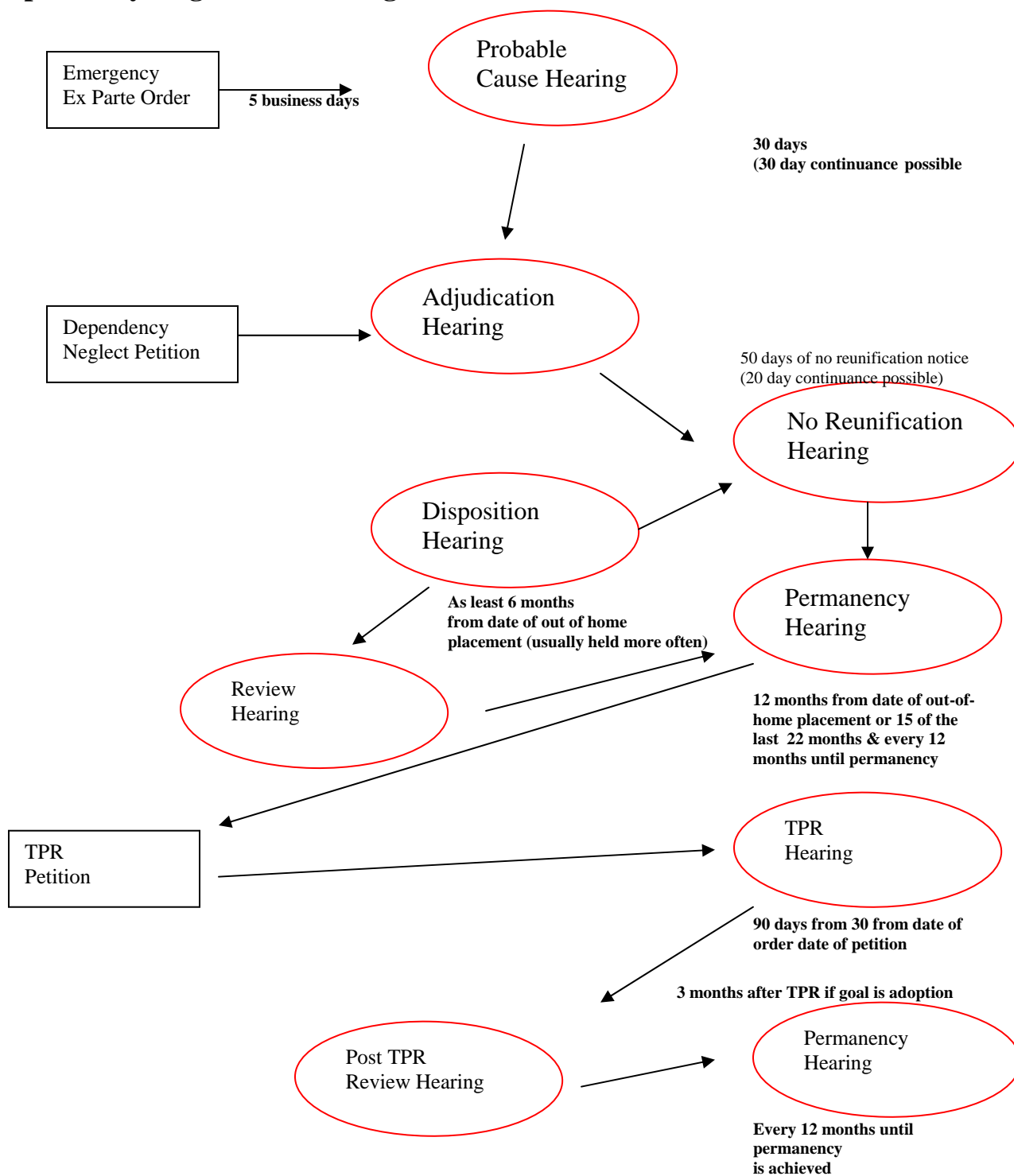
Children in Arkansas who are neglected, abused, or abandoned are called "dependent-neglected." The state's dependency-neglect procedure is outlined in the chart on the following page.

When courts remove dependent-neglected children from the custody of their parents, custody may be placed in DCFS, another licensed agency, a relative or another individual. The Division places children in approved foster homes or other approved facilities. Approximately 98% of all dependency-neglect cases begin with an emergency removal. Within 72 hours of the emergency removal, the agency must file a petition seeking ex parte emergency custody of the child. Within five (5) business days after an ex parte emergency order, the court must conduct a probable cause hearing to determine if justification existed to remove the child and whether probable cause continues to keep the child out of the home. Within 30 days of the probable cause hearing, an adjudication hearing is conducted at which the petitioner must prove it's case by a preponderance of the evidence. If a child is adjudicated dependent-neglected, a disposition hearing follows. This hearing may be held immediately following or concurrent with the adjudication hearing, but in any event shall be held no more than 14 days following the adjudication.

When a dependent-neglected child is placed out of home, review hearings must be conducted every six (6) months, with the first hearing within six months of the date the child was initially removed from the home. During the hearing, the court reviews a case plan which sets out a goal for the child and parent and a plan for reaching that goal.

If a child remains in an out of home placement for twelve months, a permanency planning hearing is required to determine a permanent goal for the child. Permanency planning hearings are also required after a juvenile has been in an out of home placement for 15 of the previous 22 months and no later than 30 days after the court files a no-reunification services order.

Dependency-Neglect Proceedings

Emergency Ex Parte Order

5 business days

Probable Cause Hearing

30 days (30 day continuance possible

Dependency Neglect Petition

Adjudication Hearing

50 days of no reunification notice (20 day continuance possible)

No Reunification Hearing

Disposition Hearing

As least 6 months from date of out of home placement (usually held more often)

Review Hearing

Permanency Hearing

12 months from date of out-of-home placement or 15 of the last 22 months & every 12 months until permanency

TPR Petition

TPR Hearing

90 days from 30 from date of order date of petition

3 months after TPR if goal is adoption

Post TPR Review Hearing

Permanency Hearing

Every 12 months until permanency is achieved

At that time, or before, a decision may be made to pursue termination of parental rights so that the state may seek an adoptive home for the child. The Juvenile Code sets out statutory grounds for termination of parental rights.

The Arkansas Dependency-Neglect Attorney ad Litem (AAL) Program qualifies, provides, and monitors attorneys who represent the best interests of children who enter court jurisdiction due to abuse and neglect. The attorneys are qualified to provide ad litem representation through a course of classroom training and clinical requirements designed to give the attorney specific training and experience in child abuse and neglect cases. Upon achieving qualification as and AAL, the attorney can be employed by, or contracted with, the Arkansas Administrative Office of the Courts to represent children in assigned counties and judicial districts of the state.

Ultimately a child in the dependency-neglect system may be returned to the home of his or her parent, may have the parents' rights terminated, or may remain the legal child of his or her parents but reside someplace else permanently. The goal is permanence for the child, and in Arkansas, the statutory standard is always the best interest of the child. If the goal after termination of parental rights is adoption, state law requires a review hearing every three (3) months; otherwise the cases continue to have six month reviews. The court is required to conduct annual permanency planning hearings as long as the child remains in an out of home placement.

Arkansas Court-Appointed Special Advocates

The Arkansas State Court-Appointed Special Advocate (CASA) Association promotes and supports local programs providing qualified volunteer advocates to help abused and neglected children in juvenile dependency-neglect proceedings reach safe, permanent homes. CASA provides volunteer advocates for juveniles in dependency-neglect proceedings, as specified in Ark. Code §9-27-316. The volunteers are appointed by the court to a) investigate the case to which he or she is assigned to provide independent factual information to the court and b) monitor the case to which he or she is assigned to ensure compliance with the court's orders.

DCFS and the Arkansas State CASA Association have entered into a Mutual Agreement of Understanding which outlines how DCFS and CASA work together in a collaborative effort to ensure safety and permanency for abused and neglected children in Arkansas. The state CASA office operates as part of the Dependency-Neglect Representation Division of the Administrative Offices of the Court. Currently there are twenty-three programs independent local CASA programs, which serve sixty-five counties with a total of 656 volunteers as of March 31, 2007.
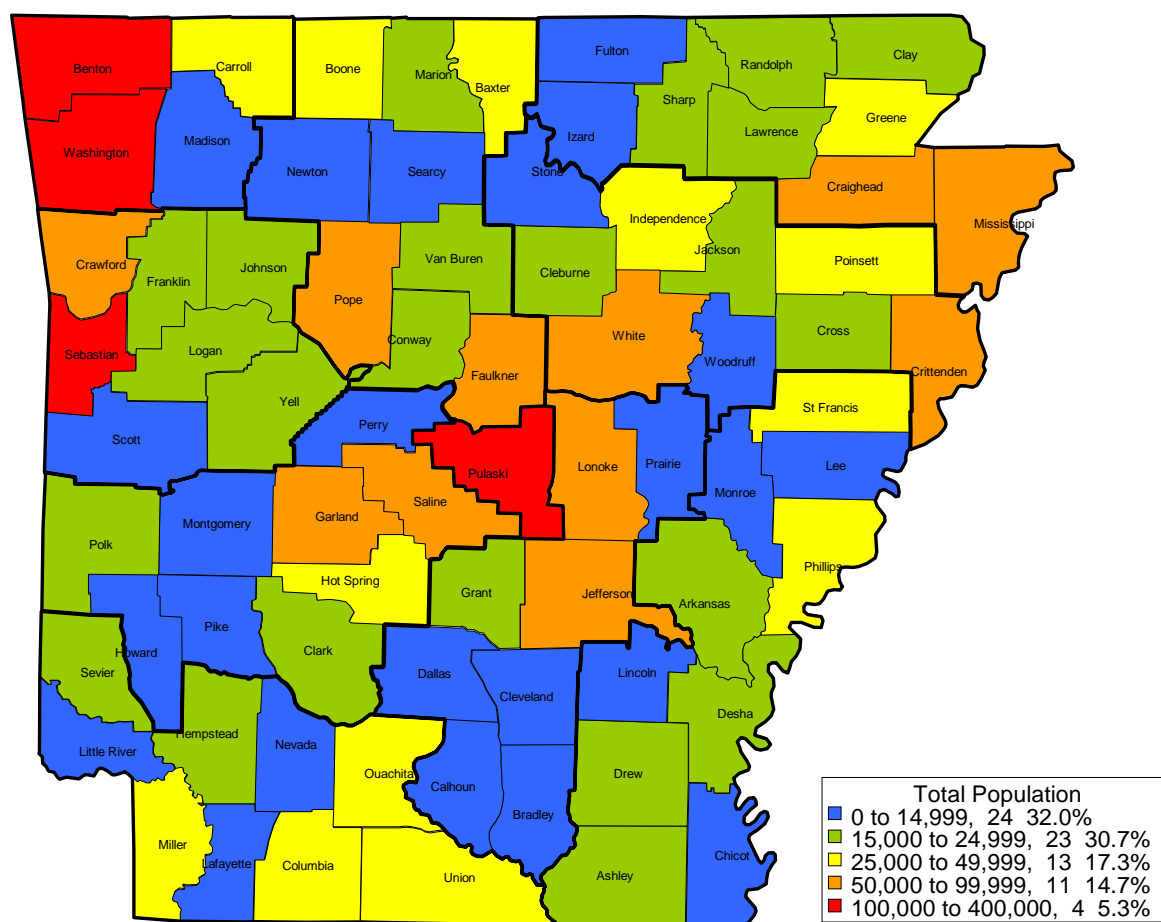
Demographic and Geographic Diversity within Arkansas

After the previous overview of the agency, its organizational structure, and its policies and procedures regarding child maltreatment, it might be instructive to focus on the general social and demographic context in which DCFS operates. This overview, based on data from the 2000 Census, will provide some idea of the great diversity that exists within the state.

The 2000 Census counted 2,673,400 persons living in the state of Arkansas. However, as is shown in the map below, this population is not distributed evenly across the state. While four counties had populations of 100,000 or more persons, 24 counties (or 32 percent of the state's 75 counties) had populations of less than 15,000 persons.

On the whole, Arkansas can be characterized as a predominantly rural state with only a few large population centers. According to the 2000 Census, only six cities in the state had populations of 50,000 persons or more; Little Rock (Pulaski County, 183,313 persons), Fort Smith (Sebastian County, 80,268 persons), North Little Rock (Pulaski County, 60,433 persons), Fayetteville (Washington County, 58,047 persons), Jonesboro (Craighead County, 55,515 persons), and Pine Bluff (Jefferson County, 55,085 persons).
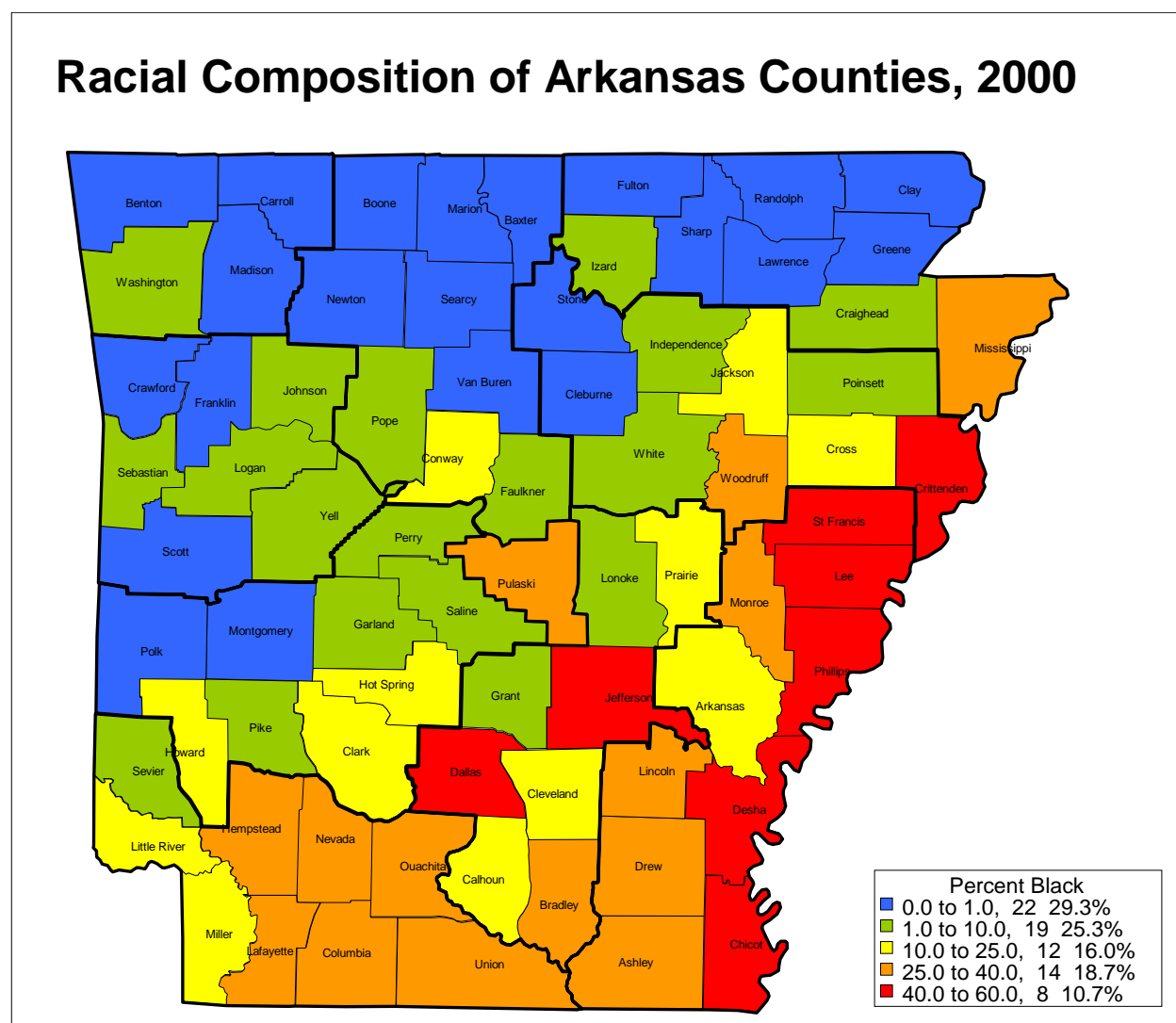

Total Population of Arkansas Counties, 2000 Census

Total Population
- 0 to 14,999, 24 32.0%
- 15,000 to 24,999, 23 30.7%
- 25,000 to 49,999, 13 17.3%
- 50,000 to 99,999, 11 14.7%
- 100,000 to 400,000, 4 5.3%

Racial/Ethnic Composition: Distribution of the Black Population

Not only does the size of Arkansas counties vary dramatically across the state, so also does the state's racial composition. According to the 2000 Census, the state's population was 78.6 percent white (non-Hispanic), 15.6 percent was black (non-Hispanic), and 3.2 percent Hispanic.
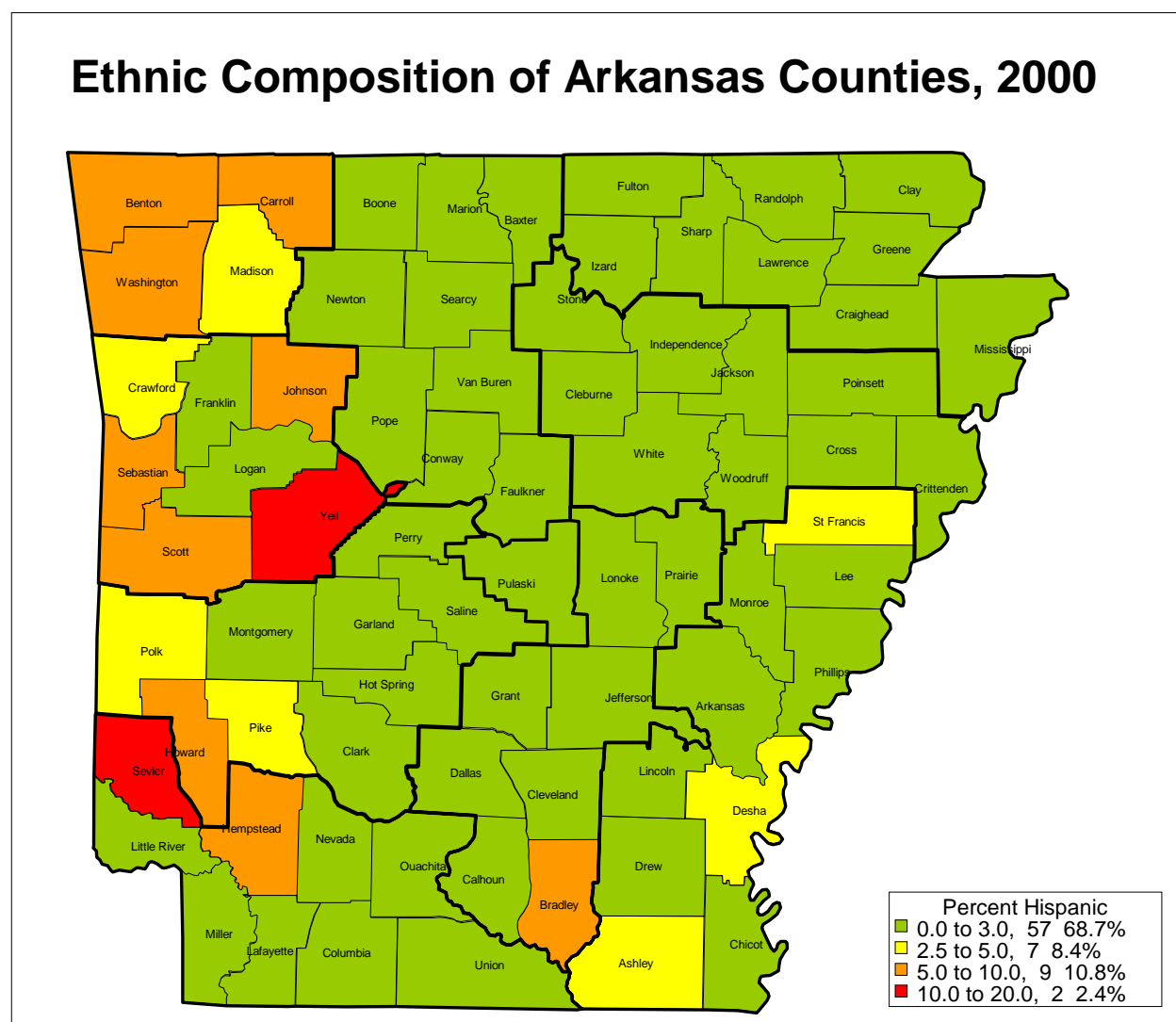
The map below shows that the percentage of the population that is black varies widely within the state. One can think of the state as being divided in half diagonally from the northeast corner of the state to the southwest corner. Twenty-two (22) counties, mostly in the northwestern half of the state, had less than 1 percent black population, while another 22 counties, mostly in the southeastern half of the state, had over 25 percent black population.

Racial Composition of Arkansas Counties, 2000

Percent Black
- 0.0 to 1.0, 22 29.3%
- 1.0 to 10.0, 19 25.3%
- 10.0 to 25.0, 12 16.0%
- 25.0 to 40.0, 14 18.7%
- 40.0 to 60.0, 8 10.7%

Racial/Ethnic Composition: Distribution of the Hispanic Population

Although Hispanics make up only 3.2 percent of the state's population overall, the map below shows that their distribution across the state is by no means uniform. Eleven (11) counties have Hispanic populations that make up five percent or more of their total populations, while 54 counties (almost three-quarters of all Arkansas counties) have Hispanic populations of under 2.5 percent.
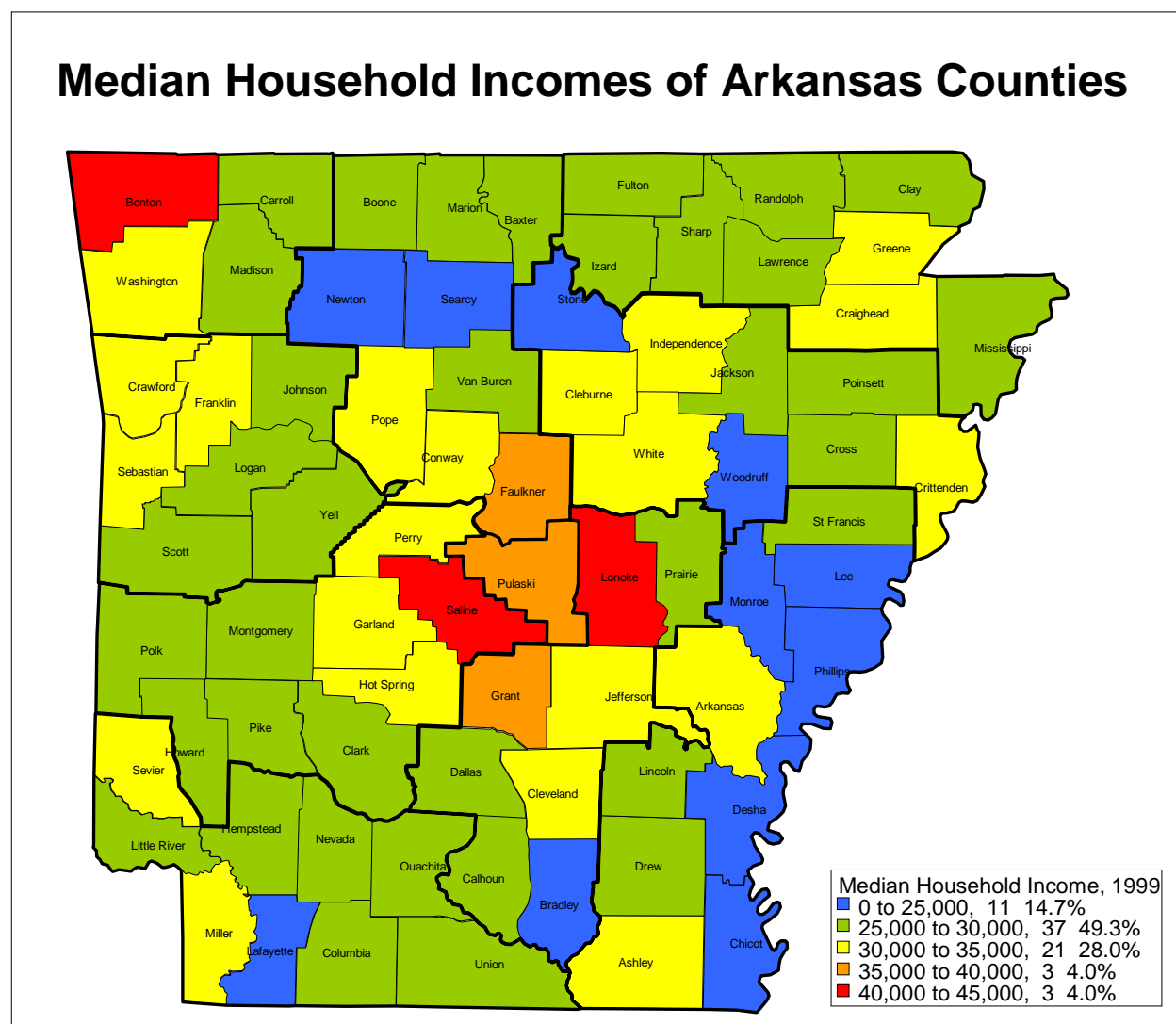
Counties with relatively large percentages of Hispanics are found mainly in the western counties of the state, areas that have relatively large concentrations of employment in agricultural and food-processing industries.

Ethnic Composition of Arkansas Counties, 2000

Percent Hispanic
- 0.0 to 3.0, 57 68.7%
- 2.5 to 5.0, 7 8.4%
- 5.0 to 10.0, 9 10.8%
- 10.0 to 20.0, 2 2.4%

Economic Status: Median Household Income

According to the 2000 Census, the median income for Arkansas households was $32,182, compared to a national median of $41,994. Among all states and the District of Columbia, Arkansas ranked 49th in terms of household income; only Mississippi and West Virginia had lower median household incomes.

Within the state, the highest median incomes are found in the counties surrounding Little Rock (which is located in Pulaski County) and Benton County in the northwest corner of the state. The lowest median incomes are found mainly in the southeastern "Delta" counties and a cluster of counties in the north central part of the state.

Median Household Incomes of Arkansas Counties

Median Household Income, 1999
- 0 to 25,000, 11 14.7%
- 25,000 to 30,000, 37 49.3%
- 30,000 to 35,000, 21 28.0%
- 35,000 to 40,000, 3 4.0%
- 40,000 to 45,000, 3 4.0%

Economic Status: Poverty Rates

The 2000 Census found that 15.8% of the state's residents lived in households with incomes below the federal poverty line, compared to a national poverty rate of 12.4 percent. Arkansas' poverty rate was eighth highest among the 50 states and the District of Columbia.

Within the state, poverty rates are pretty much a reverse mirror image of median household income. Over 25 percent of the population in certain counties located in the southeastern Arkansas was living below the poverty line, while the lowest poverty rates were found in the more urbanized and industrialized counties of central and northwestern Arkansas.
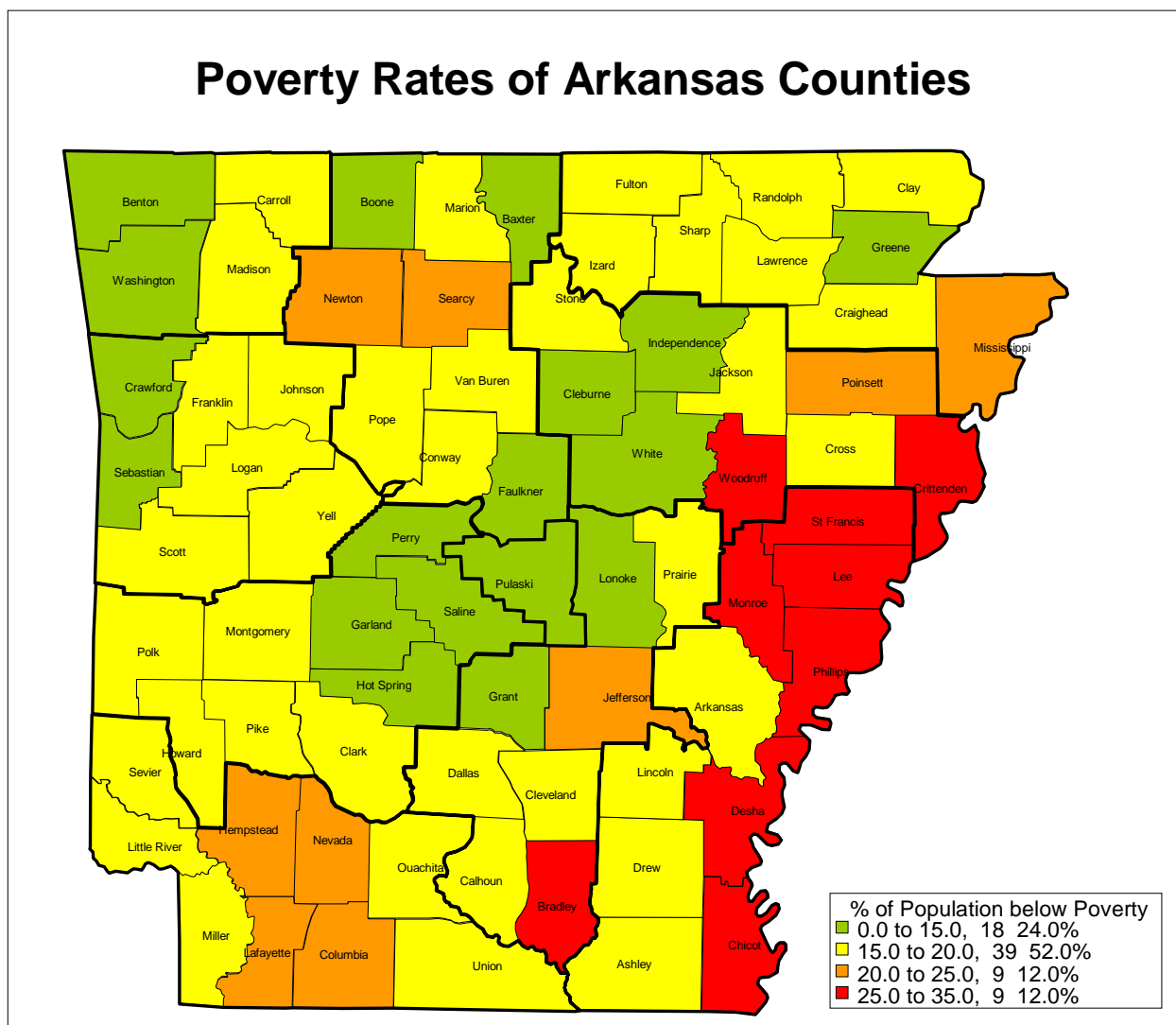
This overview of the basic demographic and socioeconomic characteristics of the state should give some idea of the great diversity that DCFS encounters as it attempts to provide services at the local level. DCFS is a state-administered system, but local offices face distinctive circumstances and challenges in their daily work with children and families.

Growth in the Child Welfare Population, 2003-2007

Data generated from DCFS's child welfare information system (the Children's Reporting and Information System, or CHRIS) indicate that the population served by DCFS has experienced significant growth over the past five years.

As shown in the table below, the total number of child maltreatment reports received by the state's Child Abuse Hotline has increased from 19,536 during State Fiscal Year (SFY) 2003 to 26,817 during SFY 2007[1], an increase of around 37 percent. Over the same period, reports that have been found to be "true" or "substantiated" have increased from 5,698 in SFY 2003 to 6,946 in SFY 2007, an increase of almost 22 percent.

**CHILD MALTREATMENT REPORTS IN THE STATE OF ARKANSAS,
STATE FISCAL YEARS 2003 THROUGH 2007**

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
TOTAL MALTREATMENT REPORTS	19,536	20,536	23,433	25,178	26,817
TRUE MALTREATMENT REPORTS	5,698	5,515	5,678	6,277	6,946
POPULATION UNDER 18 YEARS OF AGE AT THE BEGINNING OF THE STATE FISCAL YEAR	677,364	676,912	679,297	684,044	NA
TOTAL MALTREATMENT REPORTS PER 1,000 CHILDREN UNDER 18 YEARS	28.8	30.3	34.5	36.8	NA
TRUE MALTREATMENT REPORTS PER 1,000 CHILDREN UNDER 18 YEARS	8.4	8.1	8.4	9.2	NA

DATA SOURCES:

> MALTREATMENT REPORTS: ANNUAL REPORT CARDS PRODUCED BY HORNBY ZELLER ASSOCIATES FOR THE ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES.

> ESTIMATES OF POPULATION UNDER 18 YEARS OF AGE: U.S. CENSUS BUREAU, ANNUAL ESTIMATES OF THE POPULATION BY AGE AND SEX FOR ARKANSAS, APRIL 1, 2000 TO JULY 1, 2006 (SC-EST2006-02-05)

Estimates of the state's population under 18 years of age (produced by the U.S. Census Bureau) show that the number of children in the state has increased from 677,364 as of July 1, 2003 (the beginning of SFY 2004) to 684,044 by July 1, 2006, an increase of just under one percent.

The population estimates can be used to calculate rates (per 1,000 children) of child maltreatment.[2] Total maltreatment reports increased from a rate of 28.8 per 1,000 children in SFY 2003 to 36.8 per 1,000 in SFY 2006. Over the same period, true maltreatment reports have increased from a rate of 8.4 per 1,000 children to 9.2 per thousand.

---

[1] In Arkansas, State Fiscal Years run from July 1 of a given year through June 30 of the next.

[2] Unfortunately, state-level population estimates for 2007 are not yet available, so rates cannot be calculated for 2007.

The data in the preceding table refer to total maltreatment reports, and those reports that were determined to be true or substantiated. However, since a given maltreatment report can involve more than one child as a victim, the total number of children in the state who were victims in true maltreatment reports will be substantially higher. The table below shows the number of children victimized in true maltreatment reports.

From SFY 2003 through SFY 2007, the number of children victimized in true maltreatment reports increased from 7,841 to 9,796, an increase of almost 25 percent. From SFY 2003 through SFY 2006, the child maltreatment victimization rate increased from 11.6 per 1,000 children to 13.0 per thousand.

CHILD VICTIMS IN TRUE MALTREATMENT REPORTS IN THE STATE OF ARKANSAS, STATE FISCAL YEARS 2003 THROUGH 2007

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN VICTIMIZED	7,841	8,004	8,069	8,895	9,796
POPULATION UNDER 18 YEARS OF AGE AT THE BEGINNING OF THE STATE FISCAL YEAR	677,364	676,912	679,297	684,044	NA
CHILD VICTIMIZATION RATE PER 1,000 CHILDREN UNDER 18 YEARS	11.6	11.8	11.9	13.0	NA

DATA SOURCES:

CHILDREN VICTIMIZED: ANNUAL REPORT CARDS PRODUCED BY HORNBY ZELLER ASSOCIATES FOR THE ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES.

ESTIMATES OF POPULATION UNDER 18 YEARS OF AGE: U.S. CENSUS BUREAU, ANNUAL ESTIMATES OF THE POPULATION BY AGE AND SEX FOR ARKANSAS, APRIL 1, 2000 TO JULY 1, 2006 (SC-EST2006-02-05)

Since many of the children involved in true maltreatment reports are removed from their homes and placed in foster care, the increase in maltreatment victimization rates have implications for the state's foster care system, as is shown in the table on the following page. This table includes two measures of the number of children in foster care; the number that were in care at any point during a State Fiscal Year (SFY) and the number that were in care at the end of the SFY (a single point-in time count).

During the whole of SFY 2003, 6,213 children were in foster care at some point during the year. By SFY 2007, this number had increased to 7,194, an increase of almost 16 percent. The numbers of "anytime" foster children per 1,000 children increased from 9.2 in SFY 2003 to 10.0 in SFY 2006.

As for the end-of-year counts of foster children, the number grew from 3,146 at the end of SFY 2003 to 3,729 at the end of SFY 2007, an 18 percent increase. From SFY 2003 through SFY

2006, the rate of "end-of-year" foster children increased from 4.6 per 1,000 children to 5.0 per thousand.

CHILDREN IN FOSTER CARE IN THE STATE OF ARKANSAS,
STATE FISCAL YEARS 2003 THROUGH 2007

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN IN FOSTER CARE					
AT ANY TIME DURING THE YEAR	6,213	6,433	6,399	6,835	7,194
AT THE END OF THE YEAR	3,146	3,241	3,437	3,444	3,729
POPULATION UNDER 18 YEARS OF AGE AT THE BEGINNING OF THE STATE FISCAL YEAR	677,364	676,912	679,297	684,044	NA
FOSTER CHILDREN (ANYTIME) PER 1,000 CHILDREN UNDER 18 YEARS	9.2	9.5	9.4	10.0	NA
FOSTER CHILDREN (END-OF-YEAR) PER 1,000 CHILDREN UNDER 18 YEARS	4.6	4.8	5.1	5.0	NA

DATA SOURCES:

> CHILDREN IN FOSTER CARE: ANNUAL REPORT CARDS PRODUCED BY HORNBY ZELLER ASSOCIATES FOR THE ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES.

> ESTIMATES OF POPULATION UNDER 18 YEARS OF AGE: U.S. CENSUS BUREAU, ANNUAL ESTIMATES OF THE POPULATION BY AGE AND SEX FOR ARKANSAS, APRIL 1, 2000 TO JULY 1, 2006 (SC-EST2006-02-05)

To summarize the data presented in the preceding tables, the number of children coming into contact with the state's child welfare system has increased dramatically over the past five years. Although the state's child population grew by just under one percent in the period under consideration, the various populations served by the Division of Children and Family Services experienced double-digit percentage increases.

The total number of maltreatment reports received by the state's child abuse hotline and forwarded on for further investigation increased by 37 percent from SFY 2003 to SFY 2007. The number of reports that were found to be substantiated after investigation increased by around 22 percent. When focusing on children victimized in these substantiated reports, the number of child victims increased by almost 25 percent from SFY 2003 to SFY 2007. Increases of this magnitude placed a significant additional pressure on DCFS staff conducting maltreatment investigations; even if the reports were eventually determined to be unsubstantiated, the investigations themselves required a great deal of additional staff time.

The total number of children in the state's foster care system also increased by almost 16 percent from SFY 2003 to SFY 2007, placing additional strains on a DCFS staff that, as will be discussed in the following section, was plagued by increasing vacancy rates and higher caseloads during most of this period.

Change in the Reasons for Children Entering Foster Care, 2003-2007

Some insight into the growth in the child welfare population observed from SFY 2003 through SFY 2007 can be gained by an examination of additional data that are regularly reported in the Annual Report Cards. Most interesting in this regard is a table that reports the removal reasons for children who were removed from home and placed into foster care during the SFY. Excerpts from this table are presented below for SFYs 2003 through 2007.

In all five years, by far the most common reasons for children entering foster care have been neglect, substance abuse, physical abuse, and parental incarceration. However, the relative frequency of these various reasons has changed significantly over the period under examination.

MOST FREQUENT REASONS FOR CHILDREN ENTERING FOSTER CARE DURING
STATE FISCAL YEARS 2003 THROUGH 2007

COUNTS	2003	2004	2005	2006	2007	PERCENTAGE CHANGE, 2003-2007
NEGLECT	3,089	3,008	2,986	3,275	3,388	9.7
SUBSTANCE ABUSE	1,434	1,373	1,453	1,886	2,256	57.3
PHYSICAL ABUSE	1,205	1,207	1,151	1,172	1,239	2.8
PARENTAL INCARCERATION	1,128	1,121	1,209	1,339	1,296	14.9
TOTAL REMOVAL REASONS	11,725	11,306	11,179	12,357	12,525	6.8
CHILDREN REMOVED	3,530	3,461	3,562	3,869	4,174	18.2

PERCENTAGES	2003	2004	2005	2006	2007	
NEGLECT	26.3	26.6	26.7	26.5	27.0	
SUBSTANCE ABUSE	12.2	12.1	13.0	15.3	18.0	
PHYSICAL ABUSE	10.3	10.7	10.3	9.5	9.9	
PARENTAL INCARCERATION	9.6	9.9	10.8	10.8	10.3	
REASONS/CHILD REMOVED	3.3	3.3	3.1	3.2	3.0	

From SFY 2003 to SFY 2007, the number of children removed from home and placed in foster care increased by around 18 percent. Over this same period, however, the number of removals in which substance abuse was listed as a removal reason increased by 57 percent, three times the rate of growth of children entering care. Substance abuse constituted 12 percent of the removal reasons reported in SFY 2003, but by SFY 2007, that particular reason accounted for 18 percent of removal reasons. (It remained the second most common removal reason throughout this five-year interval, but by a much wider margin in 2007 than in 2003.)

Also, in SFY 2003, physical abuse was the third most common removal reason and parental incarceration was the fourth, but by SFY 2005, the relative positions of these two removal reasons had switched. This new ranking persisted through SFYs 2006 and 2007.

The largest increases in substance abuse as a removal reason occurred during SFYs 2006 and 2007. Perhaps not coincidentally, these were the first two full fiscal years in which Act 1176 of 2005 ("Garrett's Law") was in effect. Garrett's Law amended the statutory definition of child neglect to include instances in which a mother gives birth to a child with an illegal substance

present in her system and that same illegal substance is also present in the bodily fluids of the newborn infant.

Based on unpublished work in progress, there were 416 Garrett's Law maltreatment referrals in SFY 2006 and 534 in SFY 2007. In 2006, 281 of these referrals (or 68 percent) were determined to true, while in 2007, 351 (or 66 percent) were found to be true. Garrett's Law referrals resulted in 85 children being removed from their families in SFY 2006 and 129 removals in SFY 2007.

The total number of children removed during the year increased by 307 from SFY 2005 to SFY 2006, and by 305 from 2006 to 2007. Thus, removals resulting from Garrett's Law referrals accounted for almost 28 percent of the total increase in removals from 2005 to 2006, and 42 percent of the increase from 2006 to 2007.

Quite apart from the local impact of Garrett's Law, there has been a growing national awareness of and concern about the relationship between substance abuse and child welfare. In recent years, the federal Department of Health and Human Services (DHHS) has undertaken a number of projects and activities to explore and address the issue of substance abuse among families involved with the child welfare system.[3] It is possible that this growing interest in the relationship between substance abuse and child welfare has also contributed to the growth in Arkansas of home removals in which substance abuse was involved.

Another local initiative that might be increasing awareness of these issues is the recent formation of the Arkansas Alliance for Drug Endangered Children (AADEC), which was facilitated by the Criminal Justice Institute (CJI) of the University of Arkansas System. This collaborative partnership of state and federal agencies and local community representatives is committed to assisting professionals who can identify and provide services to Arkansas children and families who are negatively impacted by the illicit use, sale, or manufacture of controlled substances. AADEC and CJI are currently conducting pilot projects in Benton and Independence Counties within Arkansas.

---

[3] One such action was the creation of the National Center on Substance Abuse and Child Welfare (NCSACW), established through a memorandum of understanding between the Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

FSW vacancies and their impact on practice

Within the Division, primary case management responsibilities lie with Family Service Workers (FSWs) in DCFS county offices. Over the past few years, vacancies among these positions have emerged as one of the major problems facing the Division.

As shown in the graph below, the vacancy rate among FSWs stood at about 10 percent at the beginning of the observation period (July 2002). Early in 2003, however, budgetary problems led to the imposition of a hiring freeze within DCFS. Thus, from February 2003 to April 2004 the vacancy rate increased to 24 percent. From April 2004 through August 2005, vacancy rates fluctuated in the 20 to 25 percent range.

**FSW VACANCY RATES, JULY 2002 - JUNE 2007**
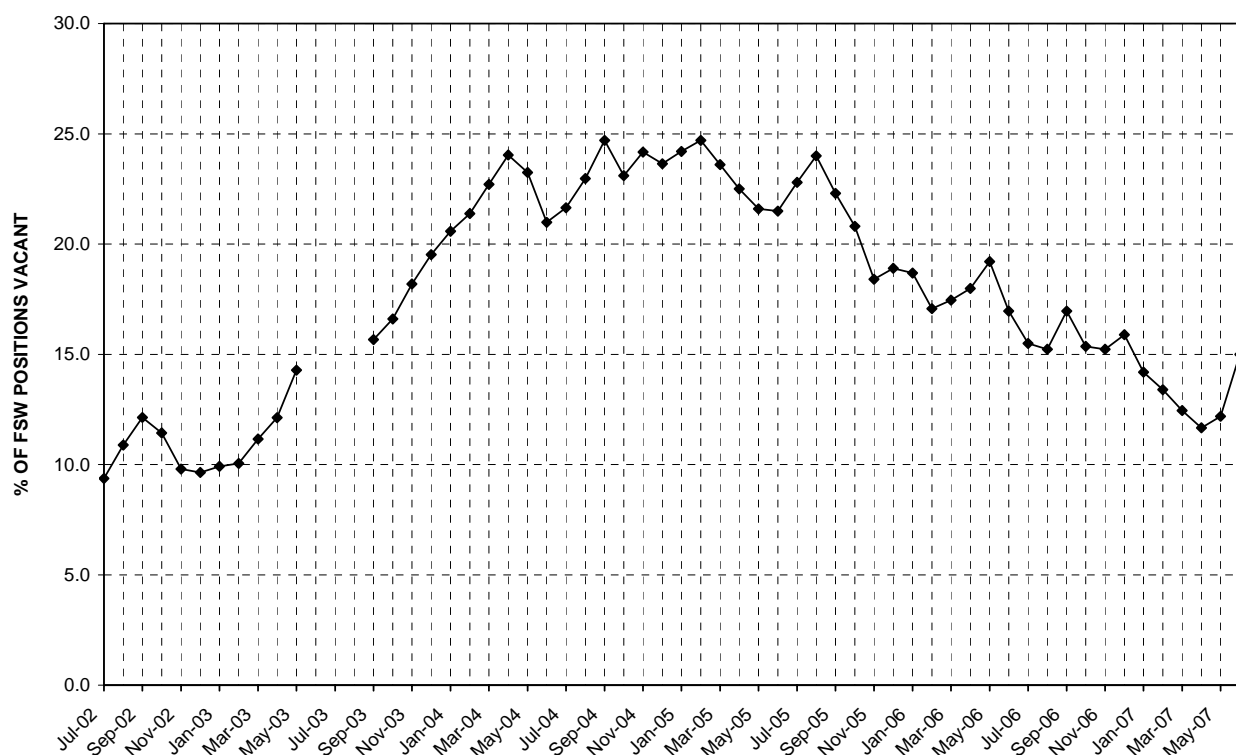
Although the hiring freeze officially ended in July of 2004, it took about a year before the thaw began to have observable impacts on FSW vacancy rates. The month of September 2005 signaled a reversal of the upward trend in vacancy rates. The FSW vacancy rate dropped to around 12 percent by April 2007, approaching the rates that were common prior to the hiring freeze. In May and June of 2007, vacancy rates bounced back up to 15 percent; hopefully these latest increases do not signal the resumption of an upward trend, but rather represent month-to-month fluctuations that appear throughout the data series shown above.

When these trends in staff vacancies are considered in the light of the growth in child welfare cases over the past few years, it would not be surprising to see that the average caseloads of

DCFS FSWs have shown corresponding increases. Trend data on average caseloads are shown in the graph below.[4]

AVERAGE FSW CASELOADS, JULY 2002 - JUNE 2007
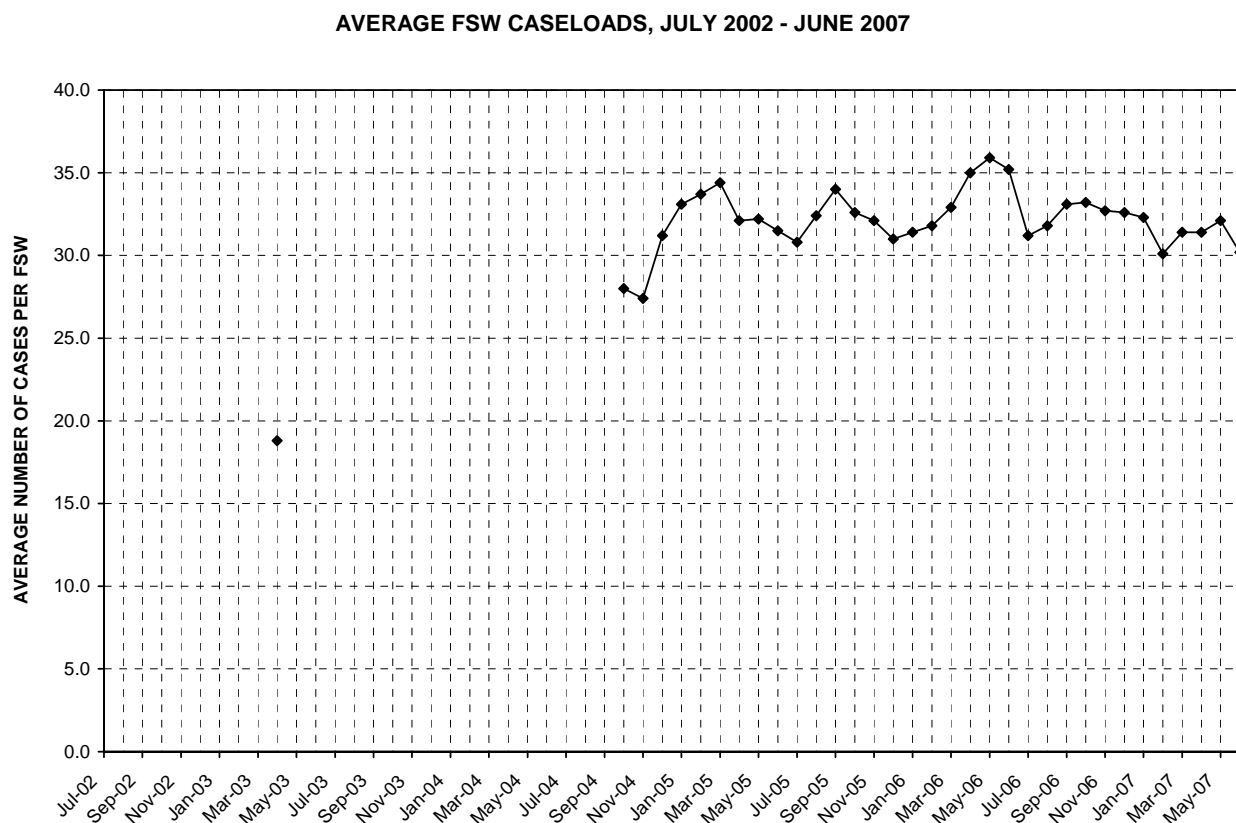
Unfortunately, there is only one data point from the period in which FSW vacancy rates began to increase (April 2003), but at that point in time DCFS FSWs carried an average of 18.8 cases. By the time the series resumed in October 2004, caseloads had increased by about 50 percent to around 28 cases per FSW. From December 2004 until the present, average caseloads have fluctuated between 30 and 35 cases per worker, reaching a high of 35.9 cases per FSW in May 2006. Caseloads of this magnitude are more than twice the recommended caseload of 15 cases per worker, and are hardly conducive to best practice and performance.

Even though FSW vacancies have been in a downward trend since September 2005, there is still a lag as far as average caseloads are concerned. This is attributable in part to the fact that newly hired caseworkers must undergo a 10-week course of training before they can assume any primary case management responsibilities, and even after training they would not be able to immediately assume full caseloads.[5] According to the MidSouth Academy that provides new-

---

[4] We hoped to be able to construct a data series on caseload size for the same period covered for FSW vacancy rates, but caseload reports began to be produced on a regular monthly basis in October 2004. Prior to that time caseload reports were produced on an ad hoc basis, and we were only able to track down one such report prior to October 2004.

[5] FSW Trainees are counted as FSWs in the vacancy data series, which means that the decreases in FSW vacancies observed in the previous graph are more apparent than real. Technically, these positions are counted as "filled," even though the incumbents of these positions may not be assuming primary case management responsibilities.

worker training, the number of FSW Trainees increased from 93 in SFY 2003 to 201 in SFY 2007. Thus, caseloads remain high even though FSW positions are being filled.

The performance of DCFS and its caseworkers is closely monitored through a series of regular reports including the monthly Compliance Outcome Report (COR), the Quarterly Performance Review (QPR), and the Annual Report Card (ARC). As part of the state's first Program Improvement Plan, the Division also instituted a series of Quality Service Peer Reviews (QSPRs) modeled after the federal CFSR. (These various performance monitoring mechanisms will be discussed in greater detail in Section III of this document.)

In monitoring the performance of the Division through these various mechanisms, one commonly advanced explanation of poor performance is a particular county or area is a high caseworker vacancy rate and, therefore, high caseloads for the workers in that unit. Whether that is a valid explanation or not is not so clear.

This explanation was put to an empirical test in a brief research note prepared by Hornby Zeller Associates for the Division in March 2006. Focusing on the 10 DCFS Service Areas as geographic units, this note examined the relationship between an area's average caseload for a given month and a number of performance indicators for that area, as reflected in the COR for that month. In order to get more of a sense of the stability of any observed relationships, the analysis was replicated 12 times for consecutive months, beginning with March 2005 and ending with February 2006.

The statistic used to measure the relationship is the Pearson Correlation Coefficient (r), a measure of the linear relationship between two variables. The correlation coefficient ranges from -1.0 through 0.0 to +1.0., where -1.0 indicates a perfect negative relationship, 0.0 indicates no linear relationship, and +1.0 indicates a perfect positive relationship. The correlation coefficient may be tested for its "statistical significance" to determine whether or not the coefficient is "significantly different from 0.0." A significance level (or "p-value") of less than 0.05 is conventionally used to assert that a given correlation coefficient is "statistically significant."

The table on the following two pages presents the results of this correlation analysis. The columns of the table list the 13 performance indicators that were examined in this analysis. The rows of the table represent the 12 separate time points for which the analysis was done; Time Point "1" indicates that these are results for March, 2005, "2" indicates results for April, 2005, and so on.

The numbers in the cells of the table provide information about the relationship between an area's average caseload in a given month and a given performance indicator. Focusing on the numbers in the upper left-hand cell of the table, for example, we see that r = -0.690, p = 0.027, and N = 10. This indicates a fairly strong negative relationship between caseload size and the percentage of Priority I maltreatment investigations that were initiated within 72 hours of receipt of the referral.

CORRELATION OF CASELOAD WITH:

TIME POINT	STATISTICS	Priority I Initiation	Priority II Initiation	Completions	Initial Risk Assessment	FSNA	Current PS Caseplan	FC Needs assessment	Completion of FC case plan	Monthly Visits	Weekly Visits Child/ Parent	24-hr IHS	72-hr IHS	CHA
1	r	-0.690	-0.618	-0.816	-0.321	-0.662	-0.736	-0.583	0.022	-0.742	-0.596	-0.111	0.161	0.000
	p	0.027	0.057	0.004	0.366	0.037	0.015	0.077	0.952	0.014	0.069	0.761	0.658	1.000
	N	10	10	10	10	10	10	10	10	10	10	10	10	10
2	r	-0.440	-0.618	-0.860	-0.643	-0.829	-0.756	-0.803	-0.494	-0.668	-0.239	0.168	-0.233	-0.329
	p	0.203	0.057	0.001	0.045	0.003	0.011	0.005	0.147	0.035	0.506	0.692	0.547	0.354
	N	10	10	10	10	10	10	10	10	10	10	8	9	10
3	r	-0.344	-0.592	-0.417	-0.454	-0.855	-0.813	-0.806	0.014	-0.748	-0.137	0.507	0.540	0.214
	p	0.331	0.071	0.230	0.187	0.002	0.004	0.005	0.970	0.013	0.706	0.164	0.107	0.553
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
4	r	0.157	-0.303	-0.631	-0.504	-0.756	-0.807	-0.565	-0.210	-0.730	-0.432	0.222	0.298	-0.621
	p	0.665	0.395	0.051	0.138	0.011	0.005	0.089	0.561	0.017	0.213	0.632	0.403	0.056
	N	10	10	10	10	10	10	10	10	10	10	7	10	10
5	r	-0.168	-0.447	-0.625	-0.385	-0.578	-0.799	-0.783	-0.063	-0.675	-0.041	-0.492	0.276	-0.251
	p	0.642	0.196	0.053	0.272	0.080	0.006	0.007	0.864	0.032	0.911	0.262	0.441	0.485
	N	10	10	10	10	10	10	10	10	10	10	7	10	10
6	r	-0.064	-0.503	-0.589	-0.713	-0.781	-0.789	-0.515	-0.050	-0.767	-0.012	0.214	0.160	0.327
	p	0.861	0.138	0.073	0.021	0.008	0.007	0.127	0.891	0.010	0.973	0.580	0.660	0.356
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
7	r	-0.803	-0.811	-0.857	-0.662	-0.684	-0.783	-0.646	-0.211	-0.670	-0.434	0.209	0.249	0.302
	p	0.005	0.004	0.002	0.037	0.029	0.007	0.044	0.558	0.034	0.211	0.589	0.488	0.397
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
8	r	-0.410	-0.771	-0.628	-0.455	-0.695	-0.803	-0.588	-0.425	-0.609	-0.300	0.316	0.444	-0.452
	p	0.239	0.009	0.052	0.186	0.026	0.005	0.074	0.220	0.062	0.399	0.407	0.199	0.190
	N	10	10	10	10	10	10	10	10	10	10	9	10	10

CORRELATION OF CASELOAD WITH:

TIME POINT	STATISTICS	Priority I Initiation	Priority II Initiation	Completions	Initial Risk Assessment	FSNA	Current PS Caseplan	FC Needs assessment	Completion of FC case plan	Monthly Visits	Weekly Visits Child/ Parent	24-hr IHS	72-hr IHS	CHA
9	r	-0.630	-0.658	-0.785	-0.502	-0.401	-0.767	-0.399	-0.094	-0.589	-0.240	0.143	0.255	-0.260
	p	0.051	0.039	0.007	0.139	0.251	0.010	0.253	0.797	0.073	0.504	0.735	0.478	0.469
	N	10	10	10	10	10	10	10	10	10	10	8	10	10
10	r	-0.349	-0.726	-0.803	-0.657	-0.338	-0.644	-0.361	-0.396	-0.447	-0.299	-0.221	-0.184	0.006
	p	0.323	0.017	0.005	0.039	0.339	0.045	0.306	0.258	0.196	0.401	0.567	0.611	0.986
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
11	r	0.517	-0.805	-0.715	-0.521	-0.526	-0.624	-0.430	-0.511	-0.608	-0.312	0.342	0.271	-0.480
	p	0.126	0.005	0.020	0.122	0.119	0.054	0.215	0.131	0.062	0.381	0.368	0.448	0.160
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
12	r	-0.332	-0.784	-0.781	-0.711	-0.570	-0.638	-0.456	-0.090	-0.658	-0.273	0.205	0.360	0.298
	p	0.349	0.007	0.008	0.021	0.085	0.047	0.185	0.804	0.039	0.445	0.597	0.308	0.403
	N	10	10	10	10	10	10	10	10	10	10	9	10	10
AVG r		-0.296	-0.636	-0.709	-0.544	-0.639	-0.746	-0.578	-0.209	-0.659	-0.276	0.125	0.216	-0.104
N SIG. r's		3	5	8	5	7	11	4	0	8	0	0	0	0

TIME POINTS refer to consecutive months beginning with March, 2005 and ending with February, 2006.

STATISTICS:

r = Pearson Correlation Coefficient
p = Significance level for 2-tailed test of hypothesis that r = 0
N = Number of observations (areas) on which correlation was based

The fact that the relationship is "negative" means that **the greater** an area's average caseload, **the lower** is the percentage of Priority I maltreatment investigations that were initiated in a timely fashion. (This is precisely what we mean when we say that larger caseloads **lower** compliance rates, so we would expect to see such negative correlations if that argument were true.) The "p-value" for this correlation coefficient is 0.027, smaller than the cut-off level of 0.050, which means that this correlation is "statistically significant" and worth paying attention to. (For ease of scanning the table, this and all significant correlations are shaded in gray.) Finally, "N = 10" means that this correlation was computed using information from all 10 Service Areas, which will always be the case unless some area at some point in time did not have data for a given performance indicator for that month.

Two interesting conclusions are readily apparent from a quick scan of the table above:

1. There is strong statistical evidence that larger caseloads are associated with lower performance levels. Not only are many statistically significant correlations observed in the table, but even those correlations that do not achieve statistical significance are fairly large and negative.

2. Some casework activities are more affected by large caseloads than others. This is discussed in more detail below.

The two rows at the bottom of the second page of the table present some summary information about the relationship between caseload size and the thirteen performance indicators over the 12 observation points. The first row shows the average value of the correlations over the 12 time points and the second row shows the number (out of 12) of time points in which a significant correlation was observed.

Average correlation coefficients range from -0.746 for "the percentage of PS cases that have a current case plan" down to -0.104 for "the percentage of foster care cases that had a Comprehensive Health Assessment within 60 days of their entry into care." Slight **positive** correlations are even observed for two indicators (having to do with getting children in for Initial Health Screenings [IHS] in a timely fashion), but tests show that these are not statistically significant.

Given an N of 10 (10 areas), a correlation of -0.635 or lower would indicate a significant negative relationship. Looking at the row of average correlation coefficients at the bottom of the table, it would appear that the following casework activities are **most** affected by large caseloads:

1. Timely initiation of Priority II maltreatment investigations
2. Timely completions of maltreatment assessments
3. Timely completion of the Family Strengths, Needs, and Risk Assessments (FSNRAs)
4. Having a current case plan
5. Making monthly visits to clients

This is not to say that the other activities are **not** affected by large caseloads, but the five tasks listed above are particularly subject to backlogs when caseloads increase.

CFSR 1 and the State's Program Improvement Plan

Arkansas experienced its first round of Child and Family Service Reviews (CFSR 1) in 2001, with on-site assessment being conducted between July 9 and July 13 of 2001. DCFS received its Final Report from the CFSR review team on May 6, 2002. Over the next year, DCFS worked with federal representatives to develop its Program Improvement Plan (PIP), which was eventually approved in July of 2003, which was the beginning of State Fiscal Year 2004.

Arkansas' PIP was structured around three major strategies designed to address shortcomings identified in CFSR 1. These were:

Strategy 1: Strengthening Assessment and Case Planning Processes. Supervisory Review Process – all cases are reviewed by the supervisor each quarter, new assessment and case planning process updated in the Division's SACWIS system called CHRIS. Training is provided to workers and supervisors in conducting comprehensive assessments. Supervisory review process- supervisors review and meet with their staff individually on all cases each quarter. The results of this are recorded on an information system, signed by worker and placed into the file. This monitors key practice activities; visits with family and child, goals of case plan.

Strategy 2: Expand the Array of Services. Changes in the new worker training to include information about services and contracts available, prioritizing contracts to reflect budget allocations, conduct a needs assessment, development of policy and training to enhance workers ability to meet the educational needs of children placed into care, consultation provided by Health Care contractor to DCFS areas to following up on recommended services to children assessed.

Strategy 3: Develop a continuum of out of home services. Revision of foster family needs assessment to assist areas and field staff to identify types of foster homes needed,

The implementation of these major strategies took place over SFYs 2004, 2005, and 2006. In the following sections, we will review major developments that took place over the PIP implementation period.

Council on Accreditation

The Division of Children and Family Services (DCFS) received statewide accreditation approval from the Council on Accreditation (COA) in August 2004. DCFS was placed on a four-year cycle. The Division will be seeking re-accreditation approval by 2008.

COA is an international, independent, not-for-profit, child- and family-service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children's agencies, COA currently accredits 38 different service areas and over 60 types of programs. Among the service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption. The Division views this accreditation as a catalyst for change that builds on our organization's strengths and helps the Division to achieve better results in all areas. The accreditation process evaluates organizations against best-practice standards, which are

developed using a consensus model with input from a wide range of service providers, funders, experts, policymakers and consumers.

The importance/value of being an accredited organization under COA is reflected in the following specifics:

Improved Service Delivery

A 2003 US Congressional Report on Child Welfare singled out COA accreditation as a strategy that successfully addresses the problem of high turnover in public child welfare agencies. Specifically, the study found that COA accreditation:

- Reduces caseloads, resulting in more attention and better care for clients.
- Increases emphasis on professional credentials, leading to more qualified staff.
- Reduces supervisor-to-staff ratios, allowing more supervision of frontline staff.

Improved Internal Processes and Procedures

A 2002 Aspen Institute study compared COA-accredited and non-accredited organizations and found that COA-accredited organizations:

- Used clearly defined criteria to evaluate personnel performance and ensure that employees have the skills and training they need to provide services.
- Had ongoing procedures to identify problem areas and make necessary changes and improvements to the organization.
- Had processes in place to plan for adverse situations and effectively manage risk.

Improved Employee Morale

Because COA accreditation involves all of an organization's stakeholders - employees, board members, clients and - most especially - line staff, each becomes invested in the process and each plays a role in transforming the organizational culture.

Promising Approaches and Developments in the Division

Adoption Coalition Grant – The Division was awarded a five-year discretionary grant from the Administration for Children and Families for a project designed to eliminate barriers to adoption and help find permanent families for children who would benefit from adoption, particularly children with special needs. The purpose of the Arkansas grant is to test Adoption Services Coalitions as a model for involving communities in the recruitment and retention of adoptive families for children in foster care.   The goals include increasing the number of children placed by 35 each year, increasing the number of children adopted by 40 each year each year, and increase the number of recruited adoptive homes by 17 each year and, developing and support ten (10) Area Adoption Services Coalitions to be located across the state.

Area Adoption Services Coalitions are staffed by the local adoption specialists with key collaboration and participation by local stakeholders such as community leaders, court and

Attorneys Ad Litem, CASA, churches etc. Currently there are 11 active Adoption Coalitions located throughout the state of Arkansas.

The **Children of Arkansas Loved for a Lifetime** (C.A.L.L.) Foster Care Church Initiative with churches, CASA and DCFS joining together to recruit and support foster and adoptive parents. With 1,100 children in foster care in Pulaski County in Arkansas and only 233 foster families available to care for those children, the C.A.L.L developed a goal to recruit 250 new foster families and 70 new adoptive families from within Pulaski County Christian churches.

The C.A.L.L. is a coalition made up of representatives from more than twenty Pulaski County Christian churches of varying denominations. There is a Steering Committee and several workgroups to: a) streamlining the training and certification process to make it easier on prospective foster and adoptive families, b) Recruit Foster Families/Adoptive Families; c) Identify and establish foster/adoptive parent supports (during the training and certification process, and continuing on supporting them once a child is placed into their home); d) Increase the number of churches involved and developing additional church partnerships and, e) Identify churches as visitation centers (for birth parents to visit their children until either the point of reunification or loss of parental rights).

DCFS Advisory Board - A DCFS Advisory Board was created in 2004 to advise DCFS on our policies, management, planning, use of resources, and service delivery. The Board will reflect the interest of the citizens of the State of Arkansas, especially Arkansas children and their families, and will also reflect the geographic, racial, and cultural diversity of the state. The purpose of the Board is to ensure that Division's policies and performance uphold the public interest and to serve as the link between DCFS and the public (i.e., will serve as a source of information and communication both ways).

Membership includes - DCFS staff i.e., Family Service Workers, County Supervisors, Area Managers), foster parents, adoptive parents, DCFS providers, two (2) consumers of DCFS services, a Child Advocate, a Juvenile Court Judge, a legislator, a community member at-large, three other members at-large, an Attorney Ad Litem, an OCC Attorney, a Court Appointed Special Advocate, a mental health provider, a representative of the Disability Community, an educator, and a representative of the Faith Community

Drug Endangered Children (DEC) Judicial District Pilot includes participation from local law enforcement, DCFS field staff and local court staff. The pilot began in Benton and Independence Counties and is expanding participation with additional counties in the DEC Training Program.

Homeless Outreach Event - The Homeless Outreach Event is a collaborative effort between state, federal and community providers and partners to provide a one-day event where needed services are provided to homeless individuals and families. Services include: legal advocacy, mental health evaluations, dental examinations, haircuts, showers, information and referrals, health screenings (e.g., cholesterol, blood pressure, and blood glucose), school supplies, employment information, hygiene care kits, immunizations and clothing. Services provided may be a catalyst for homeless individuals and families to get back into mainstream society.

This event is held bi-annually and in 2006 served 666 persons, 115 women, 200 children, 177 non-veterans, and 174 veterans. The total population served in 2006 totaled 666 persons. 268 registered volunteers participated.

Participating agencies include: Arkansas Cares, Division of Health, Division of County Operations, Arkansas Military Department, City of North Little Rock, Salvation Army, Arkansas Supportive Housing Network, Centers for Youth and Families, U.S. Department of Housing Urban Development, Black Community Developers, U.S. Department of Veterans Administration, U.S. Department of Social Security Administration, City of Little Rock, Arkansas Department of Labor, local businesses, faith based and community based organizations. In 2006 DCFS provided leadership with Varnaria Vickers-Smith chairing the Children, Youth, and Families Committee. DCFS staff participated as members of this committee this year and in previous year events.

Volunteers and participants solicit donations, distribute flyers and information about the event, make phone calls, write letters, pick up donated items, set up and clean up, man information booths, distribute donated items, run errands, and assist homeless individuals as needed.

Arkansas Youth Development Collaborative (AYDC) has been meeting since early 2006. The purpose of the collaborative is to continue developing a multi-agency approach to serve Arkansas' neediest youth which includes youth in foster care and youth who have aged out of care. Collaborative agencies within the state include DCFS, the Division of Youth Services, Workforce Investment, Job Corps, Department of Education, the Division of Behavioral Health Services, Arkansas Transitional Employment and Employment Security. Other agencies are being recruited to provide additional input and to assist with the federally funded roll-out of a communications network and hierarchy that assists the involved agencies to meet the needs of the youth we serve.

The collaborative, once in place all the way to the grass roots level, it should provide a structure for service agencies to identify youth in need of services, available services, service gaps, service overlaps, available funding sources, manpower commitments, shared responsibilities, local, regional and statewide links and many other ways of sharing information and resources to assist youth to get information, assistance and training to get them employed and integrated into the mainstream of jobs and industries currently in the state and those evolving in the next ten years.

Individuals from business and industry are also being included in the discussions of this collaborative effort to ensure that the youth that have and will be identified will meet the needs of the business community in Arkansas.

Federal agencies are collaborating at the same time in order to help facilitate communications, funding streams, goal sharing and national law and policy that affect how they can operate together as well as how state agencies can coordinate their efforts. Those federal agencies include the Department of Labor (DOL), Department of Education, Department of Justice, Department of Health and Human Services, HUD, Social Security Administration (SSA), and the Corporation for National and Community Service. DOL has taken the lead in the collaboration and is providing the funding for grants for 16 states to develop and roll out state infrastructures to determine how, when and who provides what services to which youth statewide and at the local levels. Arkansas is one of these 16 states.

Arkansas has already developed and put on the internet a site for youth, state employees and employers to begin the process of information and service sharing. The address for that site is www.aydc.arkansas.gov . It is currently up and running and is updated on a regular basis.

Governor's Interagency Council on Early Intervention (ICC) – The CPS Unit Program Manager serves as proxy for the DCFS Director. Membership of this committee consist of other DHHS agencies, the Department of Education, parents, providers, vendors, a legislator, Department of Insurance, and a physician from Arkansas Children's Hospital.

Parent Involvement Task Force group is headed by Dr. Nic Long of Arkansas Children's Hospital and the goal is to identify and address the needs of parenting education and parent involvement in Arkansas.

Strengthening Families Initiative - The Strengthening Families Pilot is a learning partnership between Center for the Study of Social Policy (CSSP) and seven (7) states that are implementing the Strengthening Families Approach using a variety of policies and practice supports available through a collaborative effort of early childhood, child abuse prevention and child protective services sectors in their state. The goal is to look at changes in state policy making, new linkages between the early childhood and child protection settings, and enhanced training.

The Division is partnering with the Department of Health, the Division of Early Childhood Education, and the Commission on Child Abuse Prevention to pilot the approach in six (6) selected early car and education programs in the state, creating a parent involvement toolkit for early childhood education programs, creating a plan for early child education workers that integrates protective factors, and providing a public education and media campaign (aired in 2006 and repeated in September of 07) aimed at building awareness and support. This project aims at assisting the Division for those children currently served either in an open child protective services case or in foster care to assist in identifying and helping the agency with enrolling children in those programs that are certified as high quality early care and education programs and home-based services by 10 percent each year.

The Arkansas Children's Behavioral Health Care Commission - This commission will provide advice and guidance to the Department of Human Services and other state agencies providing behavioral health care services to children, youth and their families on the most effective methods for establishing a system of care approach. The commission will also make short- and long-term recommendations to develop a System of Care for children's behavioral health in Arkansas. Representatives of families/youth, community partners, service providers, and state agency leaders were selected to serve on the Arkansas Children's Behavioral Health Care Commission by Governor Mike Beebe.

Division Enhancements

A technical assistance request of the National Child Welfare Resource Center for Organizational Improvement (NCWRCOI) to review and analyze the current child welfare state office structure was conducted and completed in October 2007. The report identifies strengths of the organization, areas of concerns, accountability, and recommendations to consider how the existing structure might be changed to the support to the field and ultimately the more efficient and effective delivery of services to families and children in Arkansas.

A couple of recommendations of the NCWRCOI include the development of:

A Program Excellence Section that would include
Services protective services, foster care, adoptions,
Policy
Planning and training.

A Service Quality Section that would include
Quality Service Peer Reviews (QSPRs)
COA
Information Technology
CFSR
Child Welfare Licensing

The Division Director shared the report November 5, 2007 to all central office staff, requesting feedback and suggestions.

Concluding Comments from DCFS Director, Pat Page

Arkansas has much strength in its child welfare services, particularly the dedication and commitment of its workforce and stakeholders in the system to a quality system of services for Arkansas' children and their families. Both staff and stakeholders agree that there are improvements that can and must be made to assure we have the best system possible, and are committed to transforming the system we have into what we know it could become. We intend to use the Child and Family Services Review process as one key component in that transformation.

Although the whole Statewide Assessment offers the most complete picture of the state of child welfare in Arkansas, I would offer the following view, from my years of experience in the system, as seen through my current viewpoint as Director:

Safety

The Division is committed to child safety, but some of our practices do not fully support that commitment. We need to improve timeliness of initiation and completion of child maltreatment investigations, as well as, in some instances, the thoroughness of those investigations. Those issues have been impacted by staffing shortages that will be addressed early in 2008 with the addition of 32 new investigators that were received as a result of the Legislative Task Force on Abused and Neglected Children.

- The state should probably have a thoughtful public policy discussion on the issue of differential response to see if we would want to consider such a system in order to be more welcoming to families in need of services, as well as focus resources on those issues of critical child safety.

- We need to assure that children removed from their homes do not experience maltreatment in out of home care through development of a sufficient array of foster homes and specialized services across the state and through adequate training, supports and relief to the caregivers. Foster home recruitment, including

faith based initiatives such as The C.A.L.L. (Children of Arkansas Loved for a Lifetime) and system of care initiatives that are developing offer much hope for achievement of these goals.

- We need to increase the availability and intensity of services available to families across the state. We also need to increase the skill and comfort level of some staff in working with families in very difficult circumstances. We also need to increase the availability of research that informs practice in these areas. The newly formed Arkansas Partnership for Child Welfare Research (a partnership between DCFS, universities and other interested stakeholders) will be key to this research.

- We need to secure community ownership in the welfare of their children and families through involvement in prevention and protection efforts.

Permanency

As a state, we probably have a bigger challenge in assuring permanency than safety. When resources are scarce, as they have been over the past several years, the focus tends to be on safety, with permanency paying the price. To address this challenge, I foresee we will need to implement several processes:

- Assuring active involvement of family, including extended family where appropriate, in the development and implementation of case plans and in the lives of their children, even if they are in out-of-home placement. We need to fully implement family team meetings, which have been tested and found productive, although time consuming.

- We developed and implemented a new family assessment and case plan as part of the first PIP, but we need to make those tools more family- and user-friendly and ensure all staff feel comfortable using the tools as part of their practice.

- We need to assure that the services needed are delivered with the intensity needed to address and resolve family issues so that children can be returned or freed for adoption in a timely manner and that whatever permanency option is chosen, services continue to support that permanency until it is secure enough to no longer need that support.

- Development an array of appropriate placements, particularly foster homes but also including more specialized services as needed to meet children's special needs. As stated above, these placements need to be sufficient in number, so as to avoid the need for over-crowding, well-trained and well-supported. They need to full partners in the delivery of services, understanding their role in assuring a single placement for the child in care and committing to that. We need to assure that ties with family, friends, schools and communities can be maintained by placement close to home and planned frequent contacts. We have a great policy that requires that siblings be placed together. Increased placement resources will help us make this policy a reality.

- Develop a System of Care so that all children and their families can receive needed coordinated, comprehensive services in their communities.

- We need to complete what we have begun in the area of adoptions – examining all processes and barriers to assuring timely adoptive placements, assuring all processes are child and family friendly and that each barrier is torn down.

Well-being

Many of the issues addressed above will also impact child and family well-being, including enhanced capacity to provide for the children's needs, services to children, parents and foster parents.

- We need to assure staffing is sufficient so that workers can have relationships with all those parties and that all staff have the skills to develop those professional helping relationships.

- We need to continue to develop greater expertise in the areas of education and mental health among our staff and the families we serve and develop even stronger linkages between the DCFS child welfare professionals and the education, medical and mental health professionals.

Finally, we cannot forget our biggest asset, our work force. Child welfare is where all of society's problems come together – child maltreatment, poverty, homelessness, developmental disabilities, substance abuse, mental illness, domestic violence. We ask our staff to help families deal with all of those problems, protecting children, preserving families and increasing the well-being of children and their families. These child welfare professionals need to be recognized for the difficulty of the work they perform, through the salary, work conditions, and support they receive. We have to make this work one where the professionals can succeed, rather than one where they are doomed to fail due to caseloads that are too high and resources that are too scarce. We owe that to the professionals, but even more importantly we owe it to the children and families of Arkansas.

DCFS has a vision for where we are going. We know that stakeholders are as eager for systemic change as we are. We invite all who want to transform the system from what it is into what we know it can be to join us in seizing this time to make that change.

CHILD SAFETY PROFILE	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007 (Not submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	23,120		46,939		41,196		25,524		52,206		46,120							
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	6,010	26	8,382	17.9	7,876	19.1	6,664	26.1	9,180	17.6	8,657	18.8						
Unsubstantiated	16,125	69.7	23,761	50.6	20,764	50.4	17,730	69.5	26,258	50.3	23,171	50.2						
Other	985	4.3	14,796	31.5	12,556	30.5	1,130	4.4	16,768	32.1	14,292	31.0						
III. Child Victim Cases Opened for Post-Investigation Services[4]			6,580	78.5	6,118	77.7			7,041	76.7	6,580	76.0						
IV. Child Victims Entering Care Based on CA/N Report[5]			1,496	17.8	1,351	17.2			1,690	18.4	1,530	17.7						
V. Child Fatalities Resulting from Maltreatment[6]					16	0.2					19	0.2						
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] **[Standard: 94.6% or more)**					3,674 of 3,903	94.1					4,035 of 4,236	95.3						

VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]				6,578 of 6,609	99.53					7,036 of 7,075	99.45						

The Permanency Data for the 12-month period ending March 31, 2007 was based on the annual file created on 8/10/2007. All CFSR Round One safety Results are on page 2; Permanency Round one results are on page 15.

Additional Safety Measures For Information Only (no standards are associated with these):																	
	Fiscal Year 2005ab					**Fiscal Year 2006ab**						**12-Month Period Ending 03/31/2007 (Not submitted)**					
	Hours				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**	**Hours**				**Unique Childn.[2]**	**%**
VIII. Median Time to Investigation in Hours (Child File)[9]	>24 but <48						>24 but <48											
IX . Mean Time to Investigation in Hours (Child File)[10]	202[A]						221[A]											
X. Mean Time to Investigation in Hours (Agency File)[11]	188[B]						208[B]											
XI. Children Maltreated by Parents While in Foster Care.[12]					43 of 6,655[C]	0.65					45 of 7,122[C]	0.64						

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007 (Not submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					229 of 3,903	5.9					201 of 4,236	4.7						
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					20 of 5,848	0.34					32 of 6,206	0.52						

NCANDS data completeness information for the CFSR

Description of Data Tests	Fiscal Year 2005ab	Fiscal Year 2006ab	12-Month Period Ending 03/31/2007 (Not submitted)
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	5.80	5.40	
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*	100	100	
Percent of perpetrators with relationship to victim reported [File must have at least 75%]*	100	91	
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	98.80	98.70	
Average time to investigation in the Agency file [PART measure]	Reported	Reported	
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100	100	

*States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.**

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1.   The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2.   The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3.   For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of

children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4.   The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5.   The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6.   The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7.   The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.

The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first

six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. Mean time to investigation computed using FF2004 Child File may have reflected some data quality issues at that time, but FFY2005 and FFY2006 submissions have more reliable data.

B. In 2006, AR provided the following comment in the Agency file: There were 25,524 closed investigations included in this NCANDS reporting period. 323 of these investigations had inconsistent data, missing data or no face to face contacts documented, therefore these were removed from the calculations. Further, an additional 827 Investigation with Findings of Unable to Locate were excluded from calculations because the delay of the successful Face-to-Face contact is systemic to the referral disposition type and the result of the efforts of the investigator as they seek the location of the clients unsuccessfully.
25524 - 323 errors - 827 UTL = 24374
Average Response time for 24374 = 208.3 hours
Median of Response Time = 18.39 hours
Of the 24,374 - Within 72 hours, approximately 75% of Investigation had been successfully initiated; within the first week, approximately 87%; and within the first month, approximately 96% of investigations had successfully initiated.
Due to severe Staff Shortages in some areas, 81 if these investigations did not have a documented response until one year or more but are included in the average Response Time.
Within the 24,374 Total Investigations included, the 23,370 investigations with a response initiation time of 1 month (730 hours) or less (96%), the Average Response Time in hours is 65.07 hours.

In 2005, AR provided the following comment in the Agency File: There were 23,120 closed investigations included in this NCANDS reporting period. 268 of these investigations had inconsistent data, missing data or no face to face contacts documented; therefore, these were removed from the calculations. Further, an additional 730 Investigations with findings of Inactive (Unable to Locate) were excluded from calculations because the delay of the successful Face-to-Face contact is systemic to the referral disposition type and the result of the efforts of the investigator as they seek the location of clients unsuccessfully.
23,120 - 268 errors - 730 Unable to Locate = 22,122
Average response time for 22122 = 188 hours
Median of Response Time = 24.6 hours
11 Investigations did not have a documented response initiation time until one year or more but are included in the Average Response Time.
Within the 22122 Total Investigations included, the 21126 investigations with a response initiation time of 1 month or less (96% of total), the Average Response Time in hours is 63.06

 C. The safety profile was provided on June 11, 2007, prior to the most recent resubmitted AFCARS data from Arkansas. Measure VII, the absence of child abuse/neglect in foster care, **has been updated** to reflect the new number of children served in the AFCARS foster care files submitted in the second week of August. **However, measure XI (Children maltreated by their parents while in foster care) has not yet been updated with the most recent AFCARS resubmission.**

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	2,996		3,150		3,302	
Admissions during year	3,613		3,925		4,046	
Discharges during year	3,242		3,496		3,467	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	589	18.2% of discharges	722	20.7% of discharges	608	17.5% of discharges
Children in care on last day of year	3,367		3,579		3,881	
Net change during year	371		429		579	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	135	4.0	128	3.6	119	3.1
Foster Family Homes (Relative)	235	7.0	325	9.1	373	9.6
Foster Family Homes (Non-Relative)	2,233	66.3	2,244	62.7	2,430	62.6
Group Homes	162	4.8	176	4.9	183	4.7
Institutions	255	7.6	294	8.2	302	7.8
Supervised Independent Living	47	1.4	67	1.9	64	1.6
Runaway	14	0.4	69	1.9	69	1.8
Trial Home Visit	124	3.7	89	2.5	163	4.2
Missing Placement Information	162	4.8	187	5.2	178	4.6
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	1,300	38.6	1,952	54.5	2,382	61.4
Live with Other Relatives	163	4.8	139	3.9	147	3.8
Adoption	1,111	33.0	841	23.5	733	18.9
Long Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	675	20.0	550	15.4	495	12.8
Guardianship	19	0.6	13	0.4	9	0.2
Case Plan Goal Not Established	42	1.2	26	0.7	48	1.2
Missing Goal Information	57	1.7	58	1.6	67	1.7

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	791	23.5	819	22.9	917	23.6
Two	702	20.8	787	22.0	901	23.2
Three	470	14.0	496	13.9	513	13.2
Four	313	9.3	301	8.4	332	8.6
Five	206	6.1	250	7.0	224	5.8
Six or more	877	26.0	914	25.5	976	25.1
Missing placement settings	8	0.2	12	0.3	18	0.5
V. Number of Removal Episodes						
One	2,518	74.8	2,727	76.2	2,936	75.7
Two	671	19.9	675	18.9	744	19.2
Three	149	4.4	136	3.8	150	3.9
Four	24	0.7	35	1.0	42	1.1
Five	2	0.1	3	0.1	5	0.1
Six or more	2	0.1	3	0.1	4	0.1
Missing removal episodes	1	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	557	27.0	586	26.1	667	26.1
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	12.4		11.8		11.3	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	2,553	1.5	2,764	1.3	2,740	1.5
Adoption	324	30.1	378	31.5	356	29.3
Guardianship	103	2.4	109	2.8	121	3.8
Other	262	31.1	245	25.7	248	27.6
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	2	0.2
Total discharges (excluding those w/ problematic dates)	3,242	2.3	3,496	2.1	3,467	2.2
Dates are problematic (footnote 4, page 16)	0	N/A	0	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2005ab	**Federal FY 2006ab**	12-Month Period Ending 03/31/2007
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 143.7	State Score = 145.1	State Score = 148.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	45 of 47	45 of 47	46 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	86.3%	86.5%	86.0%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measureB**)]	Median = 2.3 months	Median = 2.3 months	Median = 2.2 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	66.6%	66.3%	66.2%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	14.4%	13.3%	11.7%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 89.9	State Score = 97.8	State Score = 97.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	20 of 47	26 of 47	26 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	31.5%	34.5%	33.6%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 30.1 months	Median = 31.5 months	Median = 29.2 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	21.5%	24.1%	20.7%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	6.8%	5.2%	5.1%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	42.6%	44.5%	44.5%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 118.2	State Score = 130.7	State Score = 130.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	32 of 51	47 of 51	45 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	23.4%	29.5%	25.7%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	95.9%	96.3%	97.4%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	43.9%	37.8%	38.5%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 67.0	State Score = 68.0	State Score = 68.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	2 of 51	4 of 51	4 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	70.5%	69.2%	69.5%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	36.7%	40.1%	39.2%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	18.6%	17.4%	19.4%

Special Footnotes for Composite Measures:

These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.

In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	1,469	80.8	1,625	83.8	1,574	82.1
II. Most Recent Placement Types						
Pre-Adoptive Homes	5	0.3	10	0.6	8	0.5
Foster Family Homes (Relative)	48	3.3	102	6.3	105	6.7
Foster Family Homes (Non-Relative)	1,012	68.9	1,018	62.6	986	62.6
Group Homes	42	2.9	43	2.6	31	2.0
Institutions	168	11.4	200	12.3	174	11.1
Supervised Independent Living	0	0.0	4	0.2	1	0.1
Runaway	0	0.0	13	0.8	13	0.8
Trial Home Visit	144	9.8	189	11.6	221	14.0
Missing Placement Information	50	3.4	46	2.8	35	2.2
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	911	62.0	1,188	73.1	1,224	77.8
Live with Other Relatives	125	8.5	124	7.6	78	5.0
Adoption	137	9.3	43	2.6	30	1.9
Long-Term Foster Care	0	0.0	0	0.0	0	0.0
Emancipation	67	4.6	45	2.8	30	1.9
Guardianship	22	1.5	5	0.3	1	0.1
Case Plan Goal Not Established	155	10.6	169	10.4	168	10.7
Missing Goal Information	52	3.5	51	3.1	43	2.7
IV. Number of Placement Settings in Current Episode						
One	708	48.2	819	50.4	745	47.3
Two	367	25.0	359	22.1	383	24.3
Three	192	13.1	186	11.4	186	11.8
Four	78	5.3	104	6.4	106	6.7
Five	44	3.0	52	3.2	43	2.7
Six or more	75	5.1	100	6.2	108	6.9
Missing placement settings	5	0.3	5	0.3	3	0.2

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	982	94.2	1,039	94.5	991	95.2
Adoption	1	0.1	4	0.4	4	0.4
Guardianship	36	3.5	36	3.3	29	2.8
Other	23	2.2	20	1.8	17	1.6
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	2.1		1.7		2.6	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	0	0.0 %	1	0.0 %	0	0.0 %
Missing discharge reasons	0	0.0 %	0	0.0 %	2	0.1 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	35	10.8 %	2	0.5 %	0	0.0 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	11	3.4% fewer in the Unofficial adoption file*	3	0.8% more in the Unofficial adoption file*	N/A	There is no rolling year adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	8	0.2 %	12	0.3 %	18	0.5 %

*The unofficial adoption file included most recent resubmission of adoption files from AR and only includes public agency adoptions. This file is used only for purposes of matching against exits to adoption in foster care file.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	2,281	89.3	2,482	89.8	2,433	88.8
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	102	31.5	129	34.1	119	33.4
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	3,038	74.6	3,302	74.0	3,408	73.2
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	380	10.5 (81.6% new entry)	356	9.1 (82.9% new entry)	394	9.7 (81.9% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 60 , 57 , and 77 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period.   To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 2.1 in FY 05. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[6]This First-Time Entry Cohort median length of stay was 1.7 in FY 06. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[7]This First-Time Entry Cohort median length of stay is 2.6 for 06B07A. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

Section III – Narrative Assessment of Child and Family Outcomes

Introduction

The discussion of child and family outcomes that follows is organized in the following fashion. First, the Division's assessment from the first round of CFSRs is reviewed for each of the seven general outcome domains. Then, for the current CFSR, data from the Division's Quality Service Peer Reviews (QSPRs) are presented. (QSPRs will be discussed in more detail in the following section on Data Sources.)

Once the state's performance on the general outcome domain is introduced, the individual items that make up the general outcome domain are discussed. For each of these 23 individual items, current DCFS policy regarding the item is summarized,[6] the Division's performance on the item in the first round of CFSRs is reviewed, and current data for the current round of CFSRs are presented and discussed.

Data Sources

Data on the Division's performance in the current round of CFSRs come from a number of sources including:

1. The State Data Profile (SDP) generated by the Children's Bureau for this round of CFSRs,
2. Quality Service Peer Reviews (QSPRs) conducted by DCFS Quality Assurance (QA) staff,
3. Annual Report Cards (ARCs) generated from the state's SACWIS (CHRIS), and
4. Focus group sessions conducted with DCFS staff and other relevant stakeholders.

These various data sources are described in more detail below.

State Data Profile. Any data from the State Data Profile presented in this section refer to Federal Fiscal Year 2006, as shown in the SDP of August 30, 2007. (The full SDP for this date was presented in Section II.)

Quality Service Peer Reviews. QSPRs were initiated as part of the Program Improvement Plan (PIP) developed and implemented by DCFS after the first round of CFSRs. Explicitly modeled on the CFSR Onsite Review Instrument, QSPR reports provide qualitative information on each of the seven general outcome domains and the 23 specific CFSR outcome measures, based on data gathered in on-site case reviews and interviews with caseworkers, parents, foster parents, and/or client children themselves. The QSPR was intended to shift the focus away from compliance and quantitative measures and toward the areas of practice, results, and more qualitative concerns.

Each month, DCFS QA staff pull a random sample of 20 foster care and 20 in-home service

---

[6] Unless otherwise noted, all references to DCFS policy are to relevant sections of the Division's *Family Services Policy and Procedures Manual* (FSPPM), available on-line at http://www.state.ar.us/dhs/chilnfam/Master%20Policy%2008-24-06.pdf.

cases from one of the 10 DCFS Service Areas. As originally conceived, each Area was to be reviewed once a year, except for the largest area (Pulaski County, Area 6), which was to be reviewed twice a year. (In addition, the Pulaski County samples consist of 40 foster care and 40 in-home service cases.) Prior to the onsite review, the QA reviewers are provided with quantitative information on the selected cases from CHRIS so that they have basic background information on the cases.

During the onsite visits, paper case records are reviewed by QA staff and peer reviewers (experienced caseworkers and supervisors), and family members, age-appropriate children, foster parents, and any other relevant stakeholders are interviewed as part of the process. One of the goals of the hard-copy record reviews is to examine documentation for every case including: assessments, service plans, appropriate consents, progress or case notes or summaries, evidence of quarterly case supervision, relevant signatures, service outcomes and aftercare plans.

The first QSPR was conducted in Area 10 in August 2004, and by August 2005 all 10 Areas had been reviewed at least one time. A complete listing of QSPR coverage by area and month (and the number of cases reviewed) is presented in the table on the following page. As can be seen in this table, a second round of QSPRs was begun in Area 10 in August 2005 but due to other QA staff commitments, Area 2 did not receive a second-round QSPR.

This was unfortunate, because the omission of Area 2 prevented two complete statewide rounds of QSPR data. This prohibited the construction of statewide measures for two points in time and comparisons of results between these two points in time. As a result, the QSPR data that are presented in this section come from the first round of QSPRs. To construct a statewide estimate of QSPR performance, data from the first round of QSPRs were weighted so that the contribution of each area's QSPR data to the statewide estimate reflected its proportion of the actual DCFS caseload as of June 30, 2005.

QSPR COVERAGE, JULY 2004 THROUGH DECEMBER 2007

MONTH	AREA									
	1	2	3	4	5	6	7	8	9	10
Jul-04										
Aug-04										40
Sep-04									40	
Oct-04	40									
Nov-04										
Dec-04		40								
Jan-05								40		
Feb-05					40		40			
Mar-05			40							
Apr-05										
May-05				40						
Jun-05										
Jul-05						80				
Aug-05										40
Sep-05										
Oct-05										
Nov-05									40	
Dec-05										
Jan-06										
Feb-06	40									
Mar-06										
Apr-06										
May-06				40						
Jun-06								40		
Jul-06			40							
Aug-06										
Sep-06						80				
Oct-06										
Nov-06										
Dec-06							80			
Jan-07					40					
Feb-07									49	
Mar-07										
Apr-07										
May-07										
Jun-07										
Jul-07										40
Aug-07										
Sep-07	40									
Oct-07										
Nov-07										
Dec-07										

Annual Report Cards. Act 1222 of the 1995 General Session of the Arkansas Legislature (the "Arkansas Child Welfare Public Accountability Act") mandated that DCFS prepare both quarterly and annual reports on "the performance of the child welfare system." As a result of Act 1222, Arkansas' Division of Children and Family Services has had a regular performance monitoring system in place for over 10 years.

Differing primarily in their temporal referents, both the Quarterly Performance Reports (QPRs) and Annual Report Cards (ARCs) consist of three main sections. The first section consists of nine "performance indicators" that measure the Division's performance in the areas of safety, permanency, and child and family well-being. The second section consists of seven "compliance indicators" that measure the timeliness and effectiveness of the Division in meeting certain requirements specified by the Arkansas Legislature. The third section gives a description of the various populations served during the reporting period, including children involved in maltreatment reports, children in foster care, and children receiving various adoption services. A complete listing of the items regularly measured in the QPRs and ARCs is presented in the table below.

DATA ITEMS MEASURED IN THE QUARTERLY PERFORMANCE REVIEWS (QPRs) AND ANNUAL REPORT CARDS (ARCs)

Part I: Performance Indicators

1. Percentage of Families with True Allegations of Child Maltreatment Three Months, Six Months and One Year after a Previous True Report
2. Percentage of Foster Families with True Cases Reports of Maltreatment
3. Percentage of Children Receiving Supportive Services, Protective Services or Intensive Family Services who were Abused or Neglected within One Year of the Initiation of Services
4. Percentage of Children Receiving Supportive Services, Protective Services or Intensive Family Services who Entered Care within One Year of Initiation of Services
5. Percentage of Children in Foster Care who Returned Home within Eighteen Months
6. Percentage of Children in Foster Care who Experienced more than Three Placements within Eighteen Months of Entering Care
7. Percentage of Siblings in Foster Care who are Placed Together
8. Percentage of Children Living with Adoptive Families within Twelve Months of Termination of Parental Rights
9. Children Placed in Pre-adoptive Homes whose Adoptions were finalized within twelve Months of Entering Placement

Part II: Compliance Index

1. Timely Initiation of Child Maltreatment Assessments
2. Timely Completion of Child Maltreatment Assessments
3. 24- and 72-Hour Initial Health Screenings
4. Comprehensive Health Assessments
5. Foster Home Recruitment
6. Foster Home Re-evaluations
7. Required Visits Made by Worker

Part III: Description of Population and Services

Section I: Child Maltreatment Reports

1. Child Maltreatment Assessments
2. Characteristics of Children in True Maltreatment Reports
3. Children Involved in Allegations of True Maltreatment Reports

Section II: Foster Care

1. Characteristics of Children in Foster Care
2. Entries into Foster Care
3. Exits from Foster Care
4. Permanency Goals of Children in Foster Care
5. Length of Stay of Children in Foster Care
6. Number of Placements of Children in Foster Care
7. Current Placement of Children in Foster Care
8. Characteristics of Children in Relative Care

Section III: Adoption

1. Characteristics of Children with the Permanency Goal of Adoption During the Year
2. Characteristics of Children with the Permanency Goal of Adoption at the End of the Year
3. Characteristics of Children whose Parents had their Parental Rights Terminated During the Year
4. Characteristics of Children Available for Adoption at the End of the Year
5. Current Placement of Children Available for Adoption
6. Characteristics of Children Placed in Pre-adoptive Homes
7. Children not Placed in Pre-adoptive Homes whose Parents had their Parental Rights Terminated
8. Special Needs
9. Subsidized Adoptions
10. Characteristics of Children who Receive Adoption Subsidies
11. Non-Foster Parent Adoptive Homes

Whenever possible and appropriate, relevant data from the Annual Report Cards are presented to provide trend measures for State Fiscal Years (SFYs) 2003 through 2007.

Focus Group Sessions. In addition to the data sources described above, additional information was gathered in a series of focus group sessions conducted with DCFS staff and other stakeholders over the past year. These sessions provided many valuable insights into the Division's performance from the point of view of "the field" and helped to provide an interpretive context for the results that emerged from more quantitative data sources. A complete listing of these various focus sessions is presented below.

FOCUS SESSIONS WITH DCFS STAFF*

GROUP	LOCATION	DATE	NUMBER OF PARTICIPANTS
Area 1	Fayetteville	8/9/07	30
Area 2	Fort Smith	8/22/07	54
Area 3	Hot Springs	8/22/07	17
Area 4**	Hope	8/20/07	47
Area 5	Russellville	8/21/07	21
Area 6***	Little Rock and North Little Rock	9/1/07	50
Area 7	Pine Bluff	8/13/07	29
Area 8	Jonesboro	8/27/07	34
Area 9	Searcy	8/28/07	34
Area 10	Monticello	8/24/07	30
Statewide Adoption Unit Staff Meeting	Little Rock	9/17/07	23
Health Service Workers Meeting	Little Rock	7/19/07	19
DHS Office of Chief Counsel, agency attorneys	Little Rock	9/21/07	10

* Meetings with DCFS Area Staff included the Area Manager, FSW Supervisors, FSWs, Aides, Resource Staff and Finance Staff.
** IV-E Partners from Southern Arkansas University also attended the Area 4 session with DCFS Staff.
*** The Area 6 session was also attended by a representative of 10th Judicial District Judge Joyce Warren.

Focus sessions with other stakeholder groups are listed on the following page.

FOCUS SESSIONS WITH OTHER STAKEHOLDER GROUPS

GROUP	LOCATION	DATE	NUMBER OF PARTICIPANTS
Adoptive Parent Survey (subsidized adoptions)	Mail-out survey	June 2006	263
Attorney Ad Litem Meeting	Little Rock	10/19/07	14
CASSP Coordinating Council Meeting	Little Rock	10/5/07	30+
Engaging Fathers Focus Session	Little Rock	8/17/07	7
Family Resource Center Meeting	Little Rock	10/5/07	22
Foster Parent Advisory Board	Little Rock	7/20/07	6
Foster Parent Survey	Paper survey administered at annual Foster Parent Conference in Little Rock	10/1/06	86
Foster Youth Advisory Board	Little Rock	7/12/07	8
Pulaski County Foster Parent Support Group	Little Rock	7/9/07	14
Pulaski County ILP Skills Session	Little Rock	8/8/07	6
State CASA Conference	Little Rock	9/14/07	25+
Therapeutic Foster Care Providers Association	Little Rock	7/13/07	14

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

In the first round of CFSRs, the state was found to be "in substantial conformity" with Safety Outcome 1. The State was found to be initiating investigations of abuse and neglect in a timely manner and making adequate efforts to avoid repeat maltreatment of children.

The State also met the national standards for the two statewide data indicators associated with this outcome. The State's performance on the incidence of repeat maltreatment was 4.5 percent, compared to the national standard of 6.1 percent or less. The State's performance on the incidence of maltreatment while in foster care was 0.29 percent, compared to the national standard of 0.57 percent or less.

For the current round of CFSRs, data from the QSPRs on Safety Outcome 1 are presented in the table below. These data show that the desired outcome was "substantially achieved" for almost 90 percent of the cases reviewed.

QSPR SAFETY OUTCOME 1: Children are, first and foremost, protected from abuse and neglect.				
		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	349	79.4	89.6
	Partially Achieved	26	5.9	6.6
	Not Achieved	15	3.3	3.8
	Total	390	88.6	100.0
Missing	Not Applicable	50	11.4	
Total		440	100.0	

Safety Outcome 1 is based on two specific data items, each of which is discussed below.

Item 1: Timeliness of initiating investigations of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

What is the Division's policy regarding this item?

State law states; "The Department of Human Services shall cause an investigation to be made upon receiving initial notification of suspected child maltreatment.(2)(A) All investigations shall begin within seventy-two (72) hours. (B) However, if the notice contains an allegation of severe maltreatment (Priority I), then the investigation shall begin within twenty-four (24) hours."

♦ Priority I investigations are to be initiated with 24 hours from the receipt of the report.
♦ Priority II investigations are to be initiated within 72 hours from the receipt of the report

FSPPM Policy II-E states that the Arkansas State Police Crimes Against Children Division (CACD) has the responsibility to assess most Priority I allegations of child maltreatment. DCFS is responsible for ensuring the health and safety of the children

even if the primary responsibility for the investigation belongs to CACD. DCFS will assess Priority II and the following Priority I cases: Abandonment, Failure to protect, Medical neglect of disabled infants, Failure to thrive, Malnutrition, Underage Juvenile Aggressor, and Threat of Harm. Priorities given to initiating investigations of abuse or neglect are based on the assessed level of risk are outlined in the Division's Child Maltreatment Protocol, PUB-357.

The assessment begins immediately but no later than 24 hours after receipt of the report by the Hotline, if severe maltreatment (Priority I) is indicated. All other Child Maltreatment Assessments within 72 hours of the report (Priority II reports). The assessment initiated by interviewing or observing, when appropriate, the victim child outside the presence of the alleged offender. If the worker is unable to interview or examine the child, the assessment will be considered initiated after the Family Service Worker has made and documented all reasonable diligence to obtain an interview or examination.

How did the Division perform in the first round of CFSRs?

This item was rated as a strength; 91 percent of cases reviewed met or exceeded the state's policy regarding timeframes for initiating investigations. There were case examples of investigations being initiated within a few hours of the receipt of some reports. The working relationship between DCFS and the Arkansas State Police facilitates the timeliness for initiating investigations.

What do data show about the Division's performance in the current round of CFSRs?

Data from the QSPRs are shown in the table below. In 87 percent of the cases for which this measure was applicable, the timeliness of initiations of child maltreatment investigations was considered "strength."

QSPR ITEM 1: Timeliness of initiations of child maltreatment investigations.

		Frequency	Percent	Valid Percent
Valid	Strength	200	45.6	87.0
	Area Needing Improvement	30	6.8	13.0
	Total	230	52.4	100.0
Missing	Not Applicable	210	47.6	
Total		440	100.0	

This item is also measured in the Annual Report Cards, the results of which are presented in the table on the following page.

**TIMELY INITIATION OF CHILD MALTREATMENT INVESTIGATIONS,
STATE FISCAL YEARS 2003 THROUGH 2007**

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
TOTAL MALTREATMENT REPORTS	19,536	20,536	23,433	25,178	26,817
INVESTIGATIONS HANDLED BY DCFS	14,215	15,280	17,679	19,123	20,625
ON-TIME DCFS INITIATIONS	11,997	13,765	14,758	16,009	17,724
% OF DCFS INITIATIONS ON-TIME	84.4	90.1	83.5	83.7	85.9
INVESTIGATIONS HANDLED BY CACD	*	*	5,754	6,055	6,192
ON-TIME CACD INITIATIONS	*	*	5,659	5,990	6,149
% OF CACD INITIATIONS ON-TIME	*	*	98.3	98.9	99.3

* STATISTICS FOR INVESTIGATIONS HANDLED BY CACD NOT REPORTED FOR
     SFYs 2003 AND 2004.

The Annual Report Card data show that, with the exception of SFY 2004, timely initiations of maltreatment investigations by DCFS investigators occur around 85 percent of the time. However, investigations handled by the State Police's Crimes Against Children Division (CACD), usually the most serious cases, are begun in a timely fashion 99 percent of the time.

Item 2: Repeat maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

What is the Division's policy regarding this item?

The Division has several policies and practices that are focused on efforts to reduce the recurrence of maltreatment. CPS history focuses on the recognition that when a report occurs on a family with a previous history or report, special scrutiny must occur to the case and history to ensure that maltreatment has not been substantiated in prior history. FSPPM Policy II-E3 addresses the importance of completing a Health and Safety Assessment during the investigative process. Policy II E7 describes the process for conducting an initial risk assessment and continually examining risk factors and conducting investigations when necessary to assure the safety of the child.

How did the Division perform in the first round of CFSRs?

This item was rated as a strength; case reviews revealed an appropriate use of safety and placement prevention interventions and several stakeholders reported a significant improvement in the area of repeat maltreatment during the past two (2) years.

What do data show about the Division's performance in the current round of CFSRs?

Two items from the State Data Profile address the issue of repeat maltreatment, and these items have national standards specified. The first focuses on children who were victims of a true maltreatment report during the first six months of the reporting period, and counts the number of children who were not re-victimized within the second six months of the reporting period. These data show that the Division exceeded the national standard in FFYs 2004 and 2006, and was just under the standard in FFY 2005.

	Federal FY 2004		Federal FY 2005		Federal FY 2006	
VI. Absence of Maltreatment Recurrence [standard: 94.6% or more]	3,363 of 3,521	95.5%	3,674 of 3,903	94.1%	4,035 of 4,236	95.3%

The second item focuses on all children who were in foster care during the reporting period, and counts the number of children who were not victimized by a foster parent during that period. DCFS was just above the national standard in FFY 2004, but just below the standard in FFYs 2005 and 2006.

	Federal FY 2004		Federal FY 2005		Federal FY 2006	
VII. Absence of Child Abuse and/or Neglect in Foster Care (12 months) [standard 99.68% or more]	6,353 of 6,366	99.80%	6,578 of 6,609	99.53%	7,036 of 7,075	99.45%

Data from the QSPRs show that the avoidance of repeat maltreatment within six months of an initial true report was a "strength" for around 96 percent of the cases for which this measure was applicable.

QSPR ITEM 2: Maltreatment within 6 months after initial report.

		Frequency	Percent	Valid Percent
Valid	Strength	346	78.7	95.7
	Area Needing Improvement	16	3.6	4.3
	Total	362	82.2	100.0
Missing	Not Applicable	78	17.8	
Total		440	100.0	

Factors Affecting Performance

As was noted in Section 1 of this document, DCFS experienced a critical staffing shortage over the period under review. From April 2004 through August 2005, vacancy rates for Family Service Worker (FSW) positions fluctuated between 20 and 25 percent. The first place for which these staff shortages had negative effects was in the timely initiation and completion of child maltreatment investigations. The Division undertook a

number of initiatives to deal with the resulting backlog of overdue investigations, and these are discussed below.

Actions Taken to Alleviate the Staffing Shortages

Assist Teams

Child maltreatment investigations, worker visits and basic case work activities were not being completed in a timely fashion in a number of counties in the Division due to critical staffing shortages. Critical time frames for initiating investigations and assuring safety was a major problem; safety of children was not being achieved. To assist with the backlog of overdue investigations due to staffing shortages, staff were pulled from the other DCFS areas in the state to assist areas with particularly acute investigation difficulties. These were called assist teams which began in 2005 and continues today.

Since their inception, assist teams have been sent to the following areas:

Area 1 - Benton, Washington County overdue investigations
Area 2 - Crawford County – overdue investigations, FINS and casework activities
Area 2 - Sebastian County overdue investigations
Area 3 – Garland County to assist with casework activities
Area 5 - Boone County overdue investigations and casework activities
Area 6 - Casework activities
Area 7 - staff within the Area helped Lonoke County and vacant positions were then pulled to this county due to the growing population of a particular city in this county.
Area 9 - Crittenden County overdue investigations,

A proposal has been submitted requesting the creation of staff positions for the expressed purpose of creating a permanent "assist team." This proposal defined a specific job function, outlined key job responsibilities and travel requirements and specified that one or two staff per area would provide roving assist services when vacancies arise in a particular county.

Recruitment of Prospective Applicants Interested In Child Welfare

Due to the large number of direct field staff shortages, in early 2005 a department committee was established to review and identify issues including staffing needs, staffing status, caseloads, recruitment activities, and hiring concerns etc. In preparation for the state's 2007 legislative session, a report was produced that provided an analysis of current and projected caseloads for consideration in the development of the Division's budget.

In collaboration with the DHS Office of Finance and Administration's Human Resources and Support Services Section, the Division began a concerted effort to participate in college career days and recruitment events at universities, colleges and job fairs. The Human Resource section identifies colleges' career day events, schedules with the school, identifies the date and time and attends along with Division staff. They provide information about the specific job openings, requirements of the job, and any application

forms. For those universities and colleges that have students graduating with an approved degree, the Human Resource Section will schedule the interview with the interested graduates and assist with speeding up the application process. The appropriate area staff will conduct the actual interview with the prospective student.

A calendar of college and career fairs is established for each semester and includes the name, date of event and who from DCFS will assist in the event. This is an ongoing process that has assisted with improving the Division's vacancy rate At the request of DCFS Area Managers, this section has also provided additional assistance in setting up county specific job fairs i.e. Crittenden County.

In addition to the career fair and recruitment of possible applicants for employment, the Division explored paid internships and job co-op positions that would provide part-time assistance and allow students in the qualified degrees some experience in state child welfare. As funding allows, these may be implemented.

More Recent Developments in the Division's Staffing Situation

As of October 2007, 92 percent of FSW positions were filled. Also note however, that from March 2007 through September 2007 we had a total of 93 new FSWs but lost 75 FSW staff.

In the September 2007 Staffing Report – a study of the Family Service Worker series (Family Service Worker Trainee, Family Service Worker and Family Service Specialist) average length of service over the past 12-months (October 2006 through September 2007) indicates the FSWT to be 8 months; FSW to be 3.1 years; FSW Specialist to be 9.7 years

Within the Division, we prepare a monthly position activity summary which provides the following information for the 10 DCFS Service Areas and the state as a whole:

- number of vacancies,
- number of new hires,
- length of service by position type,
- type of new hires,
- vacant position movement across areas,
- single-month turnover rates,
- positive turnover (Employees that Changed Positions in the Division), and
- negative turnover (Employees that Left the Division).

Training of New Family Service Workers and Supervisors

As a further illustration of the staffing shortages in the Division, to serve in the capacity of a Family Service Worker (FSW), the newly hired staff person attends 10 weeks of training that includes, policy, practice and on the job instruction. Once the person completes the training pass the panel (made up of a trainer, supervisor and the Area Manager) who would recommend the person is ready to fulfill the Family Service Worker position. This is generally completed within 6 months of the date of hire.

There are approximately 526 staff positions that hold the FSW classification. The classification includes an FSW Trainee, then they become a full FSW and when they have a number of years experience and have provided exception work they can be upgraded to an FSW Specialist. In addition to those staff that work with child protective cases and foster care cases, these include child maltreatment investigators, adoption staff and resource workers who approve and re-evaluate foster homes.

The number of trainings provided to the Family Service Worker and Supervisor positions in the Division has increased noticeably over the past five years:

Family Service Worker Trainees
- SFY 2003 - 93
- SFY 2004 - 75
- SFY 2005 - 121
- SFY 2006 - 203
- SFY 2007 - 201

Supervisor Training
- SFY 2003 - 21
- SFY 2004 - 7
- SFY 2005 - 13
- SFY 2006 – 47
- SFY 2007 - 37

Arkansas 86th General Assembly

The Arkansas Legislative Session provided a glimmer of hope by approving the Division's budget request. One of the items requested to reinstate 75 positions and an additional request was made for 32 new Family Service Worker positions to complete child maltreatment investigations.

Stakeholder Assessment

In all focus group session conducted with field staff, foster parents, AAL's, CASA, CASSP Coordinating Counsel and our Statewide Assessment team, members from these groups recognized the ongoing struggle with the large caseloads, retention of Family Service Workers, recruitment of applicants interested in working for the agency. Current caseloads are just too high and there are many tasks that workers must complete to keep up. When staff that are moved to assist another county, who takes care of the work that they leave behind? AAL's, CASA and other stakeholders felt that because of the volume

of work, the large caseloads, was the state keeping workers who were not really up to the challenge of the job. To quote an AAL, "The Garland County Department of Human Services has been woefully understaffed for the last six months. This is a crisis and our system is failing."

Promising Approaches

In 2007 Session of the General Assembly, Act 703 (§ 3. ACA 6.6-133) – requires training in college for mandated reports. For each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Arkansas Child Maltreatment Act, § 12-12-501 et seq., Department of Higher Education shall coordinate with all the higher education institutions to ensure that before receiving a degree each graduate receives, including without limitation, training in: (1) recognizing the signs and symptoms of child abuse and neglect; (2) the legal requirements of the Arkansas Child Maltreatment Act, § 12-12-501 et seq., and the duties of mandated reporters under the act; and (3) methods for managing disclosures regarding child victims.

As part of a joint collaboration between the Department of Higher Education, Administrative Offices of the Courts, the Arkansas Commission on Child Abuse, Rape and Domestic Violence and the Division of Children and Family Services an online web site was developed to assist educators by providing information about the Act, how to report, listing of who is a mandated report, and other helpful information regarding child abuse (www.arkansas.gov/reportARchildabuse).

Summary Assessment of Safety Outcome 1: Overall the Division has put child safety at the highest priority; children are, first and foremost, protected from abuse and neglect. Assist teams were put into place for those areas with the greatest need, recruitment activities were developed, quicker application processes were enhanced to speed up the hiring for vacant positions, and the Department emphasized actions to address the current staffing crisis. While there are still staff shortages, the Division did receive approval for 32 additional Family Service Worker positions for the expressed purpose of investigating child maltreatment.

In the Arkansas Democrat-Gazette article dated August 23, 2007 entitled "Report – Child-welfare unit still flawed," Senator Percy Malone, chairman of the Legislative Task Force on Abused and Neglected Children, stated that he "recognizes that staff members are doing all they can do but there are not enough workers to take care of all the needs of children in the system." He further stated, "When the state of Arkansas takes a child from the home . . . then the state becomes the parent, whether we like it or not, and we have an absolute moral obligation to take care of that child and if it takes hiring 300 more people then that's what we need to do. We don't need to be bad parents to these children."

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Safety Outcome 2. Reviewers rated 25 out of 35 applicable cases as substantially achieved for this outcome, representing 72 percent of the cases reviewed, compared to the 90 percent that is required for a determination of substantial conformity. The services that the agency provides to families to prevent out of home placement and its assessment for continuing risks to children were both areas that reviewers determined to be in need of improvement.

For the current round, data from the QSPRs on Safety Outcome 2 show that the desired outcome was "substantially achieved" for almost 92 percent of the cases reviewed.

QSPR SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate.		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	337	76.7	91.6
	Partially Achieved	12	2.8	3.4
	Not Achieved	18	4.2	5.0
	Total	368	83.7	100.0
Missing	Not Applicable	72	16.3	
Total		440	100.0	

Safety Outcome 2 is based on two specific data items, each of which is discussed below.

Item 3: Services to protect child(ren) in the home and prevent removal or reentry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

What is the Division's policy regarding this item?

FSPPM Policy VI-A - Services to preserve families and protect children encompass a comprehensive continuum of services designed to address the life needs of the child and the family. These services include concrete services such as: housing, transportation, cash assistance, rental deposit, food, and direct therapeutic intervention both for the family, as a whole, and for individual family members. The array of services to preserve families and protect children are either direct or purchased services.

How did the Division perform in the first round of CFSRs?

This was an area needing improvement. The report noted that the Department has a good array of services to address safety and placement prevention issues in some areas. Caseworkers are able to address issues of basic needs of children and families as a result of relationships with community resources. However, it was also noted that there is a risk assessment process used by caseworkers, but some safety risks are not being identified and addressed. Several cases were closed for services even though there were clear risk factors present. The agency seems to be focusing on the needs of children but less attention is given to identifying expected outcomes for caregivers and contract providers that will result in the improved well-being of their children.

What do data show about the Division's performance in the current round of CFSRs?

There are no data bearing on this issue in the State Data Profile. However, relevant data are available both from the QSPR and the Annual Report Cards. These data are presented below.

The QSPR data show that for almost 92 percent of the cases for which this item was applicable, protective and preventive services were considered a "strength."

QSPR ITEM 3: Services provided to protect child(ren) in home and prevent removal.

		Frequency	Percent	Valid Percent
Valid	Strength	217	49.4	91.7
	Area Needing Improvement	20	4.5	8.3
	Total	237	53.9	100.0
Missing	Not Applicable	203	46.1	
Total		440	100.0	

Additional data relevant to the safety of children receiving in-home services are also available from the Annual Report Cards. The data in the table on the following page show that of all children receiving in-home services during the five State Fiscal Years under review, approximately 95 percent were **not** victims of a true maltreatment report within one year of the initiation of in-home services (Panel A) and 91-92 percent of such children were **not** removed from their homes within one year of the initiation of in-home services (Panel B).

**SAFETY MEASURES FOR CHILDREN RECEIVING IN-HOME SERVICES,
STATE FISCAL YEARS 2003 THROUGH 2007**

**A. PERCENTAGE OF CHILDREN RECEIVING IN-HOME SERVICES WHO WERE NOT
VICTIMS OF A TRUE MALTREATMENT REPORT WITHIN ONE YEAR**

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN RECEIVING IN-HOME SERVICES	13,592	13,314	10,603	11,138	12,428
CHILDREN WITH A TRUE MALTREATMENT REPORT	734	616	523	528	543
% OF CHILDREN WITH A TRUE REPORT	5.4	4.6	4.9	4.7	4.4
% OF CHILDREN WITHOUT A TRUE REPORT	94.6	95.4	95.1	95.3	95.6

**B. PERCENTAGE OF CHILDREN RECEIVING IN-HOME SERVICES WHO WERE NOT
REMOVED FROM THEIR HOMES WITHIN ONE YEAR**

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN RECEIVING IN-HOME SERVICES	13,592	13,314	10,603	11,138	12,428
NUMBER REMOVED FROM THEIR HOMES	1,026	1,177	925	948	1,094
% OF CHILDREN REMOVED	7.5	8.8	8.7	8.5	8.8
% OF CHILDREN NOT REMOVED	92.5	91.2	91.3	91.5	91.2

Stakeholder Assessment

DCFS staff ratings for this clearly indicate that the Division does not have the services to meet the needs of the children and families our Division serves. Sixty-three (63) percent of field staff felt that services were "somewhat available and effective" while 21 percent indicated that the services were "rarely available and effective." Issues of service availability will be discussed in more detail in the context of Systemic Factor E (Service Array and Resource Development) in Section IV of this document.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

What is the Division's policy regarding this item?

The Health and Safety Assessment (CFS-6025) will be completed in conjunction with the child maltreatment assessment, and is designed: To identify factors in the home which affect the child's immediate safety; to guide the Family Service Worker in determining whether or not to leave the child in the home. It will be used as a structured decision-making tool. For example, information collected on the Health and Safety Assessment can be used to document reasonable efforts or aggravated circumstances. It can also be used to assist in completing the court report, and at important case decision points, or when there are major changes in case circumstances. It will be used to assess the child's health and safety at placement changes. Information to complete the Health and Safety Assessment Checklist (CFS-6025) will be gathered during the child maltreatment interviews.

The Risk Assessment (CFS-6026) is designed to identify the factors and circumstances that indicate the child may be at risk of future abuse or neglect, to indicate the necessary level of involvement to assure the child's well being; and, as a structured decision-making tool in case planning to be used to assist the Family Service Worker in determining whether or not to open a case and will be completed on all cases. Each child's initial Investigation Risk Assessment should be completed within 30 days of receipt of the child maltreatment allegation, and prior to closure of the investigation. The child's initial Investigation Risk Assessment may be completed at any time during the ongoing investigation to assist in determining the likelihood of future abuse. If the child's initial Investigation Risk Assessment was not completed during the investigation and a Child Protective Service (In-Home or Out-of-Home) case was opened, it must be completed within 30 days. The level of risk on the initial Investigation Risk Assessment will serve as the baseline level of risk for the open case's Family Strengths, Needs, and Risk Assessment.

How did the Division perform in the first round of CFSRs?

This was rated as an area needing improvement. In some cases, offenders were allowed to remain in the home with a victim without sufficient assessment of the likelihood of repeat maltreatment or the child victim was removed from home but the perpetrator continued to reside in the family home and thus the risk to the child remained in the home. Risk was identified, but there were not sufficient follow-up services or actions to reduce or eliminate the risk. One strength noted in the first review was that DCFS often makes appropriate responses to remove children to assure safety in very serious situations.

What do data show about the Division's performance in the current round of CFSRs?

Although the State Data Profile results presented above in the context of Item 2 might be relevant to this item, data from the QSPRs and Annual Report Cards might also be relevant in this context. QSPR data on the success of the Division in "reducing the risk of harm to children" are presented in the table below. Reviewers rated the Division's performance on this item as a "strength" in almost 95 percent of the cases for which this measure was deemed applicable.

QSPR ITEM 4: Reducing the risk of harm to child(ren).		Frequency	Percent	Valid Percent
Valid	Strength	324	73.5	94.9
	Area Needing Improvement	17	3.9	5.1
	Total	341	77.5	100.0
Missing	Not Applicable	99	22.5	
Total		440	100.0	

Relevant data from the Annual Report Cards are presented in the table on the following page. Although similar to the "absence of maltreatment in foster care" item from the State Data Profile, the units of analysis in the table below are foster homes (rather than the children in those homes) and the measure of success is the percentage of homes with

no true maltreatment reports to any foster children in those homes during the State Fiscal Year under consideration.

MALTREATMENT IN FOSTER HOMES FROM THE ANNUAL REPORT CARDS,
STATE FISCAL YEARS 2003 THROUGH 2007

PERCENTAGE OF FOSTER HOMES WITH NO TRUE MALTREATMENT REPORTS

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
FOSTER HOMES OPEN DURING YEAR	1,644	1,719	1,693	1,665	1,264
NUMBER WITH TRUE MALTREATMENT REPORTS	11	13	24	10	28
% OF HOMES WITH TRUE REPORTS	0.67	0.76	1.42	0.60	2.22
% OF HOMES WITHOUT TRUE REPORTS	99.33	99.24	98.58	99.40	97.78

These data show that the percentage of foster homes without true maltreatment reports exceeded 99 percent in three of the five years under consideration; in SFY 2005, this percentage was 98.58 percent and in SFY 2007, the percentage dropped to 97.78 percent. Even after taking into account difference in units of analysis and measures of maltreatment while in foster care, it is likely that the number for SFY 2007 is lower than the State Data Profile national standard of 99.68 percent or higher.

Promising Approaches

As part of the Division's Program Improvement Plan, the first key strategy was to review the current assessment processes and policies. A review was conducted on the Family Strengths and Needs Assessment (FSNRA), Health and Safety Assessment and the Risk Assessment along with the tools, policies, procedures, training, supervision and supervisory tools and monitoring. The purpose was to determine if this system reflects best practice, is evidence based, and is worker- based and family-friendly. This review process was conducted with participation from staff at all levels of the organization, key stakeholders and families. One outcome of this review was a change to the existing Family Strengths and Needs Assessment. Changes in the CHRIS system were completed to adapt those revisions, policy was developed and training provided to all field staff on this assessment process. Some of these revisions included more individualized approach at assessing each family member's strengths and areas of need.

Stakeholder Assessment

In our focus sessions with field staff, they shared concerns about some of the changes made to the CHRIS system. The changes to the FSNRA process provided a comprehensive approach to assessing families. Although the Division knew the tool would take more time and interaction with families to complete, it was anticipated that the payoff would be reflected in better services and more relevant case plans. In focus group sessions with DCFS field staff; they stated that they liked the approach but that it took several visits and meetings with the family to collect the necessary information. There were concerns about ensuring all the services that the family required are included and available.

It was not anticipated however, that the tool would be lacking in flexibility Some of the picklists values do not relate to the needs and services of families being served thereby forcing the worker to find the "value" that is closely related. Several staff stated that the tool can request some very confrontational questions and parents get angry when trying to complete the tool. Workers shared that families are frustrated with the amount of information being gathered during the meetings. Issues raised include the following:

- Time to complete the tool
- Requires additional visits with family to gather all of the information.
- To determine on-going risk, staff must complete another FSNRA rather than just a risk assessment portion.
- Picklist values do not fit the areas or service needs of the children and families served.
- It is a comprehensive approach, but the time needed to complete was not anticipated nor planned.

Summary Assessment of Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. The agency's QSPR reviews noted as a strength; that services were provided to protect children while in the home or prevent removal or re entry into foster care. Covered in Service Array, the Division needs to review the parenting program and other existing contracted services to determine if these meet the needs of the children and families served. As well as conduct a thorough needs assessment to determine what other services are needed for children and families served. The Division needs to increase the availability and intensity of services available to families across the state. Additional the Division needs to provide staff with the knowledge about services and how to access these for their families and to increase the skill and comfort level of some staff in working with families in very difficult circumstances.

Staff in the field felt that the recent changes to the CHRIS system did not allow the flexibility needed for assess risk throughout the life of the case. An evaluation has been completed to examine the Division's newly revised FSNRA and the ability to efficiently and effectively complete case plans, involve relevant stakeholder in the case planning process and adhere to state law and agency policy. The evaluation is currently in review and the recommendations and suggestions are part of the Division's opportunity to make improvements that help with practice in the field. Additionally a task group has been established to take a closer look at the FSNRA and the case plan changes made recently in the CHRIS system. CHRIS training will be include it as a part of the Family Service Worker New Worker Training has been reinstated which will assist with this as well.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Permanency Outcome 1. Reviewers rated 16 of the 26 applicable cases for this outcome as substantially achieved, representing 62 percent of the cases, compared to the 90 percent required for a determination of substantial conformity.

The State met the national standard for one of the four statewide data indicators associated with this outcome, the length of time to achieve reunification, at 83.4 percent, compared to the national standard of 76.2 percent or more. The State did not meet the national standards for the remaining three data indicators for this outcome, length of time to achieve adoption (State: 26.0 percent, national standard: 32.0 percent or more), foster care re-entries (State: 10.6 percent, national standard: 8.6 percent or less), and the stability of foster care placements (State: 68.6 percent, national standard: 86.7 percent or more). In particular, the review determined that children in foster care often experience multiple placements and that there is not a timely achievement of permanency goals for many children in foster care.

In the current round of CFSRs, the Children's Bureau replaced the four individual permanency measures used in the first round with four "composite measures" that were intended to provide a more "holistic" view of state performance that is less subject to the vagaries of any single measure.

The four (4) permanency composite measures were based on 15 specific items generated from state AFCARS data that were subjected to a "Principal Components Analysis." Based on additional analysis of AFCARS data from FFY 2004, national standards were established for each of the four permanency composites. Although the structure of these composites will be examined in greater detail later in this section, the table on the following page provides a summary of the Division's performance on the four permanency composites.

Permanency Composite 1 is constructed out of four individual measures that have to do with the "timeliness and permanency of reunification." As with the single-item measure used in the first round of CFSRs, the Division performed well on this composite, exceeding the national standard of 122.6 in all three FFYs included in the State Data Profile. In fact, the state of Arkansas did better on this composite than all but one of the 47 states for which complete AFCARS data were available in FFY 2004, and better than all but two states in FFYs 2005 and 2006.

Permanency Composite 2 consists of five individual measures focusing on the "timeliness of adoptions." Although the Division scored near the national standard of 106.4 in FFY 2004, performance on this composite dropped sharply in FFY 2005 to a score of 89.9. A noticeable rebound was observed in FFY 2006, but even with this increase the Division remained below the national standard.

Statewide Aggregate Data Used in Determining Substantial Conformity: Permanency Composites 1 through 4

	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].	State Score = 150.0	State Score = 143.7	State Score = 145.1
National Ranking of State Composite Scores	46 of 47	45 of 47	45 of 47
Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].	State Score = 104.5	State Score = 89.9	State Score = 97.8
National Ranking of State Composite Scores	30 of 47	20 of 47	26 of 47
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].	State Score = 119.0	State Score = 118.2	State Score = 130.7
National Ranking of State Composite Scores	32 of 51	32 of 51	47 of 51
Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].	State Score = 71.5	State Score = 67.0	State Score = 68.0
National Ranking of State Composite Scores	4 of 51	2 of 51	4 of 51

Permanency Composite 3 consists of three individual measures of the state's performance in "achieving permanency for children and youth in foster care for long periods of time." The Division scored a few points below the national standard in FFYs 2004 and 2005, but exceeded the standard in FFY 2006.

Permanency Composite 4 consists of three individual measures focused on "placement stability" for children in foster care. As was the case in the first round of CFSRs, this continues to be problematic area for the Division, with composite scores well below the national standard of 101.5 in all three FFYs under review.

Permanency and stability for children in foster care were also assessed in the QSPRs, the results of which are presented in the table on the following page. According to these reviews, permanency and stability were "substantially achieved" in only 74 percent of the cases for which this measure was applicable. As with the permanency composites, a more detailed examination of the state's performance on individual QSPR components is presented for each individual item.

QSPR PERMANENCY OUTCOME 1: Children have permanency and stability in their living situations.

		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	214	48.6	74.3
	Partially Achieved	57	13.0	19.9
	Not Achieved	16	3.7	5.7
	Total	288	65.4	100.0
Missing	Not Applicable	152	34.6	
Total		440	100.0	

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

What is the Division's policy regarding this item?

Arkansas policies addressing foster care re-entries include both procedures which discuss permanency planning and wrap-around services. Comprehensive Family Strengths and Needs Assessments (FSNRA) are completed to determine the needs and strengths of the family and are then utilized to develop case plans with the family to support permanency goals**.**

How did the Division perform in the first round of CFSRs?

Conformity to the data indicators noted that the Division did not meet the standard of 6.0 percent as the state was at 10.3 percent. This was an area needing improvement. Those cases with re-entry episodes with a lack of adequate services to achieve or maintain change in the risk situation appeared to be responsible for the situation. There were very few re-entries in the foster care cases in the sample for the period under review.

What do data show about the Division's performance in the current round of CFSRs?

Component B of Permanency Composite 1 consists of a single item that measures the state's performance in preventing re-entries into foster care. Although no national standard is associated with this particular item, the State Data Profile from which the table on the following page was extracted provided selected national statistics to which to compare the state's performance.

The data in this table showed that between 13 and 14 percent of children discharged from foster care to reunification in the year prior to the reference year re-entered care within 12 months of the date of the previous discharge. While these scores are slightly lower than the national median of 15.0 percent re-entries, they are also substantially higher than the national 25th percentile of 9.9 percent. These results show that preventing re-entries into foster care continues to be a problem is for the Division, as it was in the first round of CFSRs.

Component B of Permanency Composite 1:
Permanency of Reunification

Component B: Permanency of Reunification The permanency component has one measure.	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	13.3%	14.4%	13.3%

Data from the QSPRs suggest that the Division is more successful in preventing re-entries than was reflected in the State Data Profile indicator presented above. According to QSPR reviewers, preventing re-entry into care was rated as a "strength" for almost 96 percent of the cases for which this item was applicable. These disparate findings will no doubt be resolved during the on-site assessments of CFSR2.

QSPR ITEM 5: Preventing re-entries of child(ren) into foster care.

		Frequency	Percent	Valid Percent
Valid	Strength	138	31.3	95.9
	Area Needing Improvement	6	1.3	4.1
	Total	143	32.6	100.0
Missing	Not Applicable	297	67.4	
Total		440	100.0	

Stakeholder Assessment

In our focus session with our field staff, we shared the information provided in the profile and asked their thoughts about why children were returning back into foster care. Staff stated that resources are not adequate to meet the child and family needs and when a child returns home the case is closed rather quickly without adequate aftercare services to assist families. Staff stated that for those cases opened and "as long as we were watching the family" there was progress being made, but once the case closed, many parents go back to their old habits.   Staff throughout the state indicated that those parents with substance abuse issues simply relapse and start using again. Staff also shared that they did not have the right services and services that were available are not individualized to meet the needs of families. Some children want to come back into foster care because their family cannot provide the same comforts that they had while in foster care.

Item 6: Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

What is the Division's policy regarding this item?

The Division strives to minimize the number of placement changes that a child experiences while in foster care. When a child is in the custody of the Department of Human Services, DCFS shall ensure that the out-of-home placement is in the best interest of the child, is the least restrictive possible and is matched to the child's physical and therapeutic needs. The placement decision shall be based on an individual assessment of the child's needs. All efforts to place a child within Arkansas shall be thoroughly explored and documented before consideration is given to out-of-state placement. Relatives shall be considered for placement first.

How did the Division perform in the first round of CFSRs?

The statewide data indicator standard for placement stability was 89.0 percent and the state's data was 68.6 percent and did not meet substantial conformity. This item is an area needing improvement. Case reviews and discussions with stakeholders suggest that there are insufficient formal assessments of placement matches between foster homes and some children needing placement. A focus group with foster parents revealed significant communication problems between the Department and individual care providers. Respite care services do not appear to be consistently offered as a resource to diffuse difficult placement situations.

What do data show about the Division's performance in the current round of CFSRs?

Data addressing the issue of placement stability are presented in Permanency Composite 4 of the State Data Profile. Although the overall composite scores for this measure were presented earlier, the data in the table on the following page show scores on the three individual items that make up this composite as well.

The three individual items that make up Permanency Composite 4 give the percentage of foster children with two or fewer placements for children who had been in care for three different lengths of time: less than 12 months, 12 to 24 months, and 24 months or more. All other things equal, one might expect that the percentage of children with two or fewer placements would decrease as length of time in care increases, and this is reflected in the scores and national reference statistics in the table.

Even for children in care for less than 12 months, the percentage of Arkansas children in foster carewith two or fewer placements ranged from 69 to 74 percent, well below the national median of 83.3 percent (not to mention the national 75th percentile of 86.0 percent). As in the first round of CFSRs, the Division continues to perform poorly in the area of placement stability.

Permanency Composite 4 and its Component Measures

	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scores for this composite incorporate **no components** but three individual measures	State Score = 71.5	State Score = 67.0	State Score = 68.0
National Ranking of State Composite Scores	4 of 51	2 of 51	4 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? **[national median = 83.3%, 75th Percentile = 86.0%]**	74.2%	70.5%	69.2%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? **[national median = 59.9%, 75th Percentile = 65.4%]**	39.3%	36.7%	40.1%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? **[national median = 33.9%, 75th Percentile = 41.8%]**	22.1%	18.6%	17.4%

These same conclusions can be reached from an examination of locally produced data from the Annual Report Cards, presented in the table on the following page. These data show that the percentage of foster children with two or fewer placements stood at around 74 percent during SFYs 2003 and 2004, increased to 80 percent in SFY 2005, but then dropped sharply to around 70 percent in SFYs 2006 and 2007.

**NUMBER OF PLACEMENTS FROM THE ANNUAL REPORT CARDS,
STATE FISCAL YEARS 2003 THROUGH 2007**

**OF ALL CHILDREN IN FOSTER CARE AT ANY POINT DURING THE STATE FISCAL YEAR,
HOW MANY PLACEMENTS HAD THOSE CHILDREN EXPERIENCED BY THE END OF THE YEAR?**

(COUNTS) NUMBER OF PLACEMENTS	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
1 OR 2	4,589	4,795	5,140	4,754	4,918
3 TO 6	1,038	1,123	735	1,350	1,444
7 TO 9	234	257	209	306	342
10 OR MORE	352	258	315	425	490
TOTALS	6,213	6,433	6,399	6,835	7,194

(PERCENTAGES) NUMBER OF PLACEMENTS	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
1 OR 2	73.9	74.5	80.3	69.6	68.4
3 TO 6	16.7	17.5	11.5	19.8	20.1
7 TO 9	3.8	4.0	3.3	4.5	4.8
10 OR MORE	5.7	4.0	4.9	6.2	6.8
TOTALS	100.0	100.0	100.0	100.0	100.0

Once again, data from the QSPRs paint a more positive picture of the state's performance than do more quantitative state and/or federal measures. The table below shows that placement stability was rated as a "strength" in 85 percent of the cases for which this measure was applicable.

QSPR ITEM 6: Stability of foster care placement.

		Frequency	Percent	Valid Percent
Valid	Strength	203	46.1	85.4
	Area Needing Improvement	35	7.9	14.6
	Total	238	54.0	100.0
Missing	Not Applicable	202	46.0	
Total		440	100.0	

Stakeholder Assessment

The field staff in all areas felt that they often "just find a place that will take the child (ren) for the night" and they struggle with this need daily. Stakeholders such as CASA, AAL's, foster parents and foster youth shared the same or similar concerns; staff are just finding a home for the child for the night. Staff shared those same foster parents who previous would take infants and smaller children are now not taking these children indicating they are too much trouble or the infant cries too much.

Placement needs include the following:

- Placements of all kinds: foster homes, therapeutic foster homes, residential and group homes for youth. More specialized programs and placements for sexually

acting-out children, juveniles released from the juvenile justice system who cannot return home, large sibling groups, and young mothers in foster care with their child.

- Homes that are willing to "stick with these kids". The Division has foster homes that are open and available, but are either not accepting children or, if they do, will ask that the child be moved for minimal reasons. The Division needs to review processes used to support foster families when tensions arise with the child.

- Providers that are willing to "stick with these kids". Some providers contracted to serve "children with mental or behavior needs" are not meeting the placement needs of the DCFS field staff. Staff are concerned when these providers call and request to remove the child from the facility. The Division needs to monitor providers who are to serve children with mental or behavioral challenges, yet request that they be moved for these same reasons. Some staff expressed concerns that therapeutic foster homes are not providing any different services than regular foster homes.

- Homes and providers that are willing to "stick with teens". Some children, particularly teens want to move from place to place; they are experts at disrupting their placements. At times teens are being removed from homes because they were acting like typical teens. The Division needs caretakers who know how to deal with this behavior.

- More resources and support services to assist existing foster parents, including respite foster homes, babysitting (e.g., by churches), or foster parent day-out programs.

"It is difficult to know the names and faces of the children who comprise these statistics and witness firsthand the consequences of their constant moves and changes in schools and acquaintances. Changing homes is difficult enough but often it is not the only change for the child. One of the things that I don't think is taken into account in this composite is how often a change in placement disrupts the schedule for therapy, medical and dental treatments a child is receiving. I think it is important that these issues not become lost in "counting" the number of placements." Rita Young, CASA Volunteer Crawford County

The Division is looking at a proposal to create a central Placement function that will provide guidance and technical assistance to the field, to find, develop, support appropriate placements. In addition the Department is working with the governor-appointed Children's Behavioral Health Care Commission to develop systems of services that will also impact of services and placement needs of children in foster care.

The Commission is to accomplish the following:

- Ensure that children, youth and their families are full partners in all aspects of the system of care;

- Revise Medicaid rules and regulations to increase quality, accountability and appropriateness of Medicaid reimbursed behavioral health care services;

- Define a standardized screening and assessment process designed to provide early identification of conditions that require behavioral health care services; and

- Develop an outcomes-based data system to support an improved system of tracking, accountability and decision-making.

Item 7: Permanency goal for child. How effective is the agency in determining appropriate permanency goals for children on a timely basis when they enter foster care?

What is the Division's policy regarding this item?

FSPPM Policy Section IV-A The case plan is a written document that is a discrete part of the case record between the family and the Division of Children and Family Services that outlines a plan of services. It addresses the family's needs, building on the family's strengths, and outlines the roles and responsibilities of all involved parties. Procedure IV-A1 Case Plan" (CFS-6010) requires development of a caseplan within thirty (30) days of opening a service case or a child entering an Out-of-Home Placement, whichever comes first.

How did the Division perform in the first round of CFSRs?

This item was noted as an area needing improvement. Case reviews indicated that caseworkers have difficulty with the concurrent planning concept for families and, as a result, issues regarding adoption are not being addressed until after a termination of parental rights has occurred. There seems to be a perception that older children are not likely to find successful adoption placements. There appears to be a trend of not pursuing the interests of the absent fathers of children in foster care, and this can delay the achievement of permanency goals for some children

What do data show about the Division's performance in the current round of CFSRs?

There is very little hard data on the extent to which permanency goals for children taken in to foster care are determined in a timely and appropriate manner. However, Item 7 in the QSPRs gives an assessment of the timeliness and suitability of permanency goals for children in foster care. These processes were judged to be a "strength" for 84 percent of the cases for which this item was applicable.

QSPR ITEM 7: Permanency goal for child(ren).

		Frequency	Percent	Valid Percent
Valid	Strength	241	54.8	83.9
	Area Needing Improvement	46	10.5	16.1
	Total	288	65.4	100.0
Missing	Not Applicable	152	34.6	
Total		440	100.0	

Item 8: Reunification, guardianship, or permanent placement with relatives. How effective is the agency in helping children in foster care return safely to their families when appropriate?

What is the Division's policy regarding this item?

Continue the goal of reunification only when the parent is complying with the established case plan, and orders of the court making significant measurable progress towards achieving the goals established in the case plan, and diligently working toward reunification. Reunification must be expected to occur within a time frame that is consistent with the child's developmental needs.

How did the Division perform in the first round of CFSRs?

The statewide data indicator standard for the length of time to achieve reunification was 78 percent and the state's data was 83 percent. Therefore the state met substantial conformity

What do data show about the Division's performance in the current round of CFSRs?

Component A of Permanency Composite 1 consists of three individual measures related to "timeliness of reunification." Data for this component are displayed in the table on the following page.

It was previously noted that the state performed well on the overall composite measure (exceeding the national standard in all three Federal Fiscal Years (FFY) even though its performance on Component B of this composite (re-entries into foster care) was not quite as good. Although there are no national standards for individual measures, the data in the Component A table show that the state scored quite well on the timeliness of reunification measures.

On Measure C 1-1 (exits to reunification in less than 12 months), the state scored well above both the national median and the 75th percentile in all three FFYs. In the years under examination, between 86 and 90 percent of children were reunified within a year of their entry into care, compared to the national 75th percentile of 75.2 percent.

Component A of Permanency Composite 1:
Timeliness of Reunification

Component A: Timeliness of Reunification The timeliness component is composed of three individual measures.	**Federal FY 2004ab**	**Federal FY 2005ab**	**Federal FY 2006ab**
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	89.7%	86.3%	86.5%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure)**]	Median = 1.7 months	Median = 2.3 months	Median = 2.3 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	68.9%	66.6%	66.3%

On Measure C 1-2 (median length of stay for children exiting to reunification) lower scores are considered better, and the state scored well below both the national median and the 25th percentile. The median length of stay for children exiting to reunification ranged from 1.7 to 2.3 months over the three FFYs, compared to the national 25th percentile of 5.4 months.

Measure C 1-3 gives the percentage of children entering care for the first time in the six months prior to the reference year who were reunified in less than 12 months, and the state scored well above the national median and 75th percentile in all three years.

Despite the state's good performance on Component A of Permanency Composite 1, data from the QSPRs are not quite as favorable. According to this measure the state's effectiveness in discharging foster children to reunification, guardianship, or permanent placement with relatives was rated as a "strength" in only 75 percent of the cases for which this measure was applicable.

QSPR ITEM 8: Reunification, guardianship, or permanent placement with relatives.

		Frequency	Percent	Valid Percent
Valid	Strength	101	22.9	75.4
	Area Needing Improvement	33	7.5	24.6
	Total	133	30.3	100.0
Missing	Not Applicable	307	69.7	
Total		440	100.0	

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

What is the Division's policy regarding this item?

FSPPM Policy Section VI – A. Reasonable efforts to reunite a child with his parent(s) shall not be required in all cases. The court shall conduct and complete a hearing on a "no reunification services" request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days, and the court shall enter an order determining whether or not reunification services shall be provided. Reunification shall not be required if a court of competent jurisdiction, including the Juvenile Division of Circuit Court, has determined that the parent has:

1. subjected the child to aggravated circumstances;
2. committed murder (which would have been an offense under section 1111(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
3. committed voluntary manslaughter (which would have been an offense under section 1112(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
4. aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter;

5. committed a felony, battery, or assault that results in serious bodily injury to any child; or
6. had the parental rights involuntarily terminated as to a sibling of the child; or
7. abandoned an infant (not the same as "Voluntary Delivery of an Infant."

If the court recommends that reunification services should not be provided to reunite a child with his family, DHS, the Attorney Ad Litem or the court shall provide written notice to the defendants.   When DHS is the agency requesting that no reunification services be provided, it will send the written notice to the defendants in coordination with OCC. The notice shall be provided to the parties at least fourteen (14) calendar days before the no-reunification hearing, and the notice shall identify in sufficient detail to put the family on notice, the grounds for recommending "no reunification services".

The burden of presenting the case shall be on the requesting party. The court shall conduct and complete a hearing on a "no reunification services" request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days.

How did the Division perform in the first round of CFSRs?

The statewide data indicator for timely achievement of adoption was 36.0 percent and the state's data was 26.0 percent and did not meet the standard. This item was noted as an area needing improvement. The on-site reviews showed evidence of cases with no timelines or a sense of urgency to move children into permanent placements. There were several cases in which the goals for older children changed from adoption to independent living because an adoptive resource had not become available. Case review teams reported a sense that there had been uneven attempts to search for adoptive homes for special needs children.

What do data show about the Division's performance in the current round of CFSRs?

Permanency Composite 2 of the State Data Profile consists of five individual measures organized into three components measuring different aspects of the state's effectiveness in placing children in adoptive homes when this is determined to be an appropriate permanency goal. The state's overall composite score and its scores on individual measures for Component A of the composite are shown in the table on the following page.

It has already been observed that the state scored close to the national standard on the overall composite measure during FFY 2004, dropped well below the standard in FFY 2005, and rebounded to some extent in FFY 2006. Component A focuses more specifically on the timeliness of adoptions for children in foster care.

Permanency Composite 2 and Component A: Timeliness of Adoptions

	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 104.5	State Score = 89.9	State Score = 97.8
National Ranking of State Composite Scores	30 of 47	20 of 47	26 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component.	**Federal FY 2004ab**	**Federal FY 2005ab**	**Federal FY 2006ab**
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	39.3%	31.5%	34.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 27.1 months	Median = 30.1 months	Median = 31.5 months

Measure C 2-1 gives the percentage of children who were discharged to adoption in less than 24 months from their latest removal from home. Although the state exceeded the national median in all three years, it exceeded the national 75th percentile only in FFY 2004. The state registered an almost eight percentage point drop in FFY 2005 but increased its percentage by three percentage points in FFY 2006.

Measure C 2-2 gives the median length of stay in foster care for children who were discharged to adoption. Lower scores are preferable for this measure. Only in FFY 2004 was the state's score approximately equal to the national 25th percentile, although the state scored lower than the national median in all three years.

Timeliness of adoptions was noted as an "area needing improvement" in the first round of CFSRs, and continues to be so in the current round. Staffing problems with DCFS adoption specialists may have contributed to the state's poor performance in FFY 2006.

Component B of Permanency Composite 2 focuses on progress toward adoption for children who had been in care for 17 months or longer. Data on this component are presented in the table on the following page.

Measure C 2-3 gives the percentage of children who had been in foster care for at least 17 months at the beginning of the reference year who were discharged to adoption by the end of the year. The state exceeded the national median and was close to the national 75th percentile in all three years, although only in FFY 2006 did the state actually exceed the 75th percentile.

Measure C 2-4 gives the percentage of long-term foster children who became "legally free" for adoption during the first six months of the reference year. Legally free means that the parental rights of both parents had been terminated. The state scored below the national median in all three years under examination.

Permanency Composite 2, Component B

Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures.	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	22.0%	21.5%	24.1%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	5.9%	6.8%	5.2%

Component C of Permanency Composite 2 consists of a single item that gives the percentage of children who became legally free for adoption in the year preceding the reference year who experienced a finalized adoption within 12 months of becoming legally free. The state approximated the national median in FFY 2004, but was well below the 75th percentile in all three years.

Permanency Composite 2, Component C

Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component.	Federal FY 2004ab	Federal FY 2005ab	Federal FY 2006ab
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	45.9%	42.6%	44.5%

Data on the timeliness of adoptions are also regularly reported in the locally-produced Annual Report Cards. These data are presented in the table on the following page.

Panel A of this table gives the percentage of children whose parental rights had been terminated in the year prior to the reference year who had been placed in a pre-adoptive home within 12 months of the TPR. Despite year-to-year fluctuations, this percentage shows a generally upward trend, increasing from 54 percent in SFY 2003 to 78 percent in SFY 2007.

Panel B gives the percentage of children who had entered a pre-adoptive home in the year prior to the reference year whose adoptions were finalized within 12 months of entering that pre-adoptive home. From SFY 2003 through SFY 2006, finalization rates appear to have dropped significantly (from 67 percent to 55 percent).

**TIMELINESS OF ADOPTIONS MEASURES FROM THE ANNUAL REPORT CARDS,
STATE FISCAL YEARS 2003 THROUGH 2007**

A. CHILDREN LIVING WITH PRE-ADOPTIVE FAMILIES WITHIN 12 MONTHS OF TPR

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN WITH TPR IN PREVIOUS YEAR	429	418	275	281	338
NUMBER PLACED WITH PRE-ADOPTIVE FAMILIES WITHIN 12 MONTHS OF TPR	233	251	162	230	262
PERCENTAGE PLACED WITH PRE-ADOPTIVE FAMILIES WITHIN 12 MONTHS OF TPR	54.3	60.0	58.9	81.9	77.5

**B. CHILDREN LIVING IN A PRE-ADOPTIVE HOME WHOSE ADOPTIONS WERE
FINALIZED WITHIN 12 MONTHS OF ENTERING THAT HOME**

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN PLACED IN A PRE-ADOPTIVE HOME IN PREVIOUS YEAR	220	293	215	175	214
NUMBER WITH FINALIZED ADOPTIONS WITHIN 12 MONTHS OF ENTERING THAT HOME	148	163	122	96	143
PERCENTAGE WITH FINALIZED ADOPTIONS WITHIN 12 MONTHS OF ENTERING THAT HOME	67.3	55.6	56.7	54.9	66.8

Data on the timeliness of adoptions were also collected in the QSPRs. In only 56 percent of the cases for which this measure was applicable was timeliness judged to be a "strength."

QSPR ITEM 9: Timeliness of adoptions.

		Frequency	Percent	Valid Percent
Valid	Strength	75	17.1	56.2
	Area Needing Improvement	59	13.3	43.8
	Total	134	30.5	100.0
Missing	Not Applicable	306	69.5	
Total		440	100.0	

Factors Affecting Performance

In SFY 2004 and part of SFY 2005, the Adoptions Unit vacancy rate was at an overall high of 35 percent. This Unit has a structure of five field offices with a Supervisor and five Adoption Specialists located around the state. In one particular field office area, there was only one Adoption Specialist and no Supervisor in a unit with six staff members (84 percent vacancy rate) for a period of not less than nine months; another field office had two vacancies, and the Adoptions Supervisor was also serving as the Acting Adoptions Field Manager (50 percent vacancy rate). Added to this staffing shortage, two of the existing field offices provided staff support for about a six-month period of time to assist the area with the one Adoption Specialist, thereby doubling their caseloads, travel, and court participation.

Stakeholder Assessment

Attorneys ad litem suggested that the state has not been competitive in its recruitment of adoptive families and has been unrealistic in its policy regarding qualifications for adoption. There are not enough staff to complete the work, and it takes too long to process the paperwork. Staff are not properly trained or supervised. Staff face challenges of finding the right family for children with developmental or behavioral problems. One Adoption Supervisor expressed the concern that ASFA created a log jam due to the increases in the number of children whose parents' rights were terminated. More cases then moved from foster care to adoption creating large caseloads without any increase in adoption staff to meet the needs.

Attorneys from the DHS Office of Chief Counsel shared that they feel adoption staff do not feel a sense of urgency to finalize the adoption, workers are not responding to telephone inquiries; staff are not committed to move the child to permanency even though the child has been in the placement for some period of time. They also shared that there is insufficient clerical support for workers. Information and necessary paperwork is often missing or needs to be redone.

Promising Approaches

A post-adoption survey was mailed to adoptive families receiving adoption subsides in June of 2006. 1,013 surveys were mailed and 263 adoptive families completed and returned the survey. Answering the questions listed below by responding to a scale: Very Well/Strongly Agree = 1 to Very Poorly/Strongly Disagree = 4. Selected results from the survey are listed below:

- How would you rate the quality of service you received after adoption finalization?
    - 38% of the respondents rated this statement as Very Well/Strongly Agree
- To what extent has the adoption subsidy program met the child's needs?
    - 48% of the respondents rated this statement as Very Well/Strongly Agree
- How satisfied are you with the amount of help you have received? 37% of the respondents rated this statement as Very Well/Strongly Agree
- To what extent have the support services you received helped you to deal more effectively with your child's special learning, medical, and/or psychological needs? 32% of the respondents rated this statement as Very Well/Strongly Agree
- How satisfied are you with the legal services you received to finalize the adoption? 59% of the respondents rated this statement as Very Well/Strongly Agree
- In general, how satisfied are you with adoption services you have received? 40% of the respondents rated this statement as Very Well/Strongly Agree
- If you adopted this child from the Arkansas Department of Health and Human Services, Division of Children and Family Services, would you encourage a friend to adopt from this agency? 54% of the respondents rated this statement as Very Well/Strongly Agree

Additional questions on the survey included:

What services does your child need, but does not receive?
17 respondents identified tutoring
11 respondents identified orthodontic care/ braces for child(ren)
9 respondents identified the need for counseling services
4 respondents identified the need for respite services

Other services include need more information about child mother, how to talk to child about adoption, physical therapy, aftercare once child leaves home at 18, training in behavior problems of child.

Do you think you will be able to maintain this child in your home with current services you receive? 84 percent of the respondents stated that they would be able to maintain the child in the home with the current services.

Promising Approaches

An Adoption Summit was held September 17, 2007 with key stakeholders, foster and adoptive parents, Attorneys Ad Litem and agency staff to:
- Dissect the system
- Identify barriers to its working well; timely well-chosen placements and finalized adoptions
- Prioritize the barriers – collect recommendations
- Identify next steps

Barriers identified included:
- Understanding the data
- Separate foster home and adoptive studies
- Gathering the needed documents such as birth certificates shot records FBI checks. AALs and Family Service Workers may not know all of the paperwork requirements
- Adoption Specialist not being assigned whenever the goal changes to adoption
- Adoption summaries are not being completed within 30 days.

Suggested solutions included:
- CASA helps
- Review why policy is not being followed
- Track the FBI fingerprint process and determine where the breakdown is occurring and why
- Could speed placement if we placed children in foster homes willing to consider adoption
- Best practice – look early for appropriate placements
- Determine how to streamline the process; once approved as a foster parent also approved as an adoptive parent

The Division is developing action plans of key tasks and activities and will track the completion of those tasks and activities. The Division is conducting a review of policy and procedure to analyze processes currently in place, to identify all forms that could be

reduced, to assure anyone interested in fostering and or adopting can more easily apply, be approved and reduce the time before finalizing adoption requests. In addition, the Division is creating an online application process for anyone interested in fostering and/ or adopting.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with that goal?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-F states - In the case of a child who has attained age 16, the permanency planning hearing will determine the services needed to assist the child to make the transition from foster care to independent living. Independence shall be selected only if the child cannot be reunited with the child's family; another permanent plan is not available; and a compelling reason exists why termination of parental rights is not in the child's best interest or the child is being cared for by a relative and termination of parental rights is not in the best interest of the child. If DHS concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, DHS will document to the court the compelling reason for the alternate plan. The plan will include a written description of the programs and services that will help prepare the child for the transition from foster care to independent living.

How did the Division perform in the first round of CFSRs?

In the report it was listed under Item 8 – Independent Living which was rated as an area needing improvement. Case reviews revealed that for some teens, independent living skills development activities were occurring, these services had not been included in the youth's overall service plan. Case reviewers believed that more assessment should be occurring for teens to determine the level of need for independent living services beyond age-related eligibility

What do data show about the Division's performance in the current round of CFSRs?

The only data on "other planned permanent living arrangements" for children in foster care come from the QSPR. Item 10 focused specifically on this particular permanency outcome. The Division's performance in securing these alternate living arrangements was rated as a "strength" in 86 percent of the cases for which this measure was applicable.

QSPR ITEM 10: Other planned permanent living arrangements.

		Frequency	Percent	Valid Percent
Valid	Strength	39	8.9	86.4
	Area Needing Improvement	6	1.4	13.6
	Total	45	10.3	100.0
Missing	Not Applicable	395	89.7	
Total		440	100.0	

Item 8a of the QSPR measures the effectiveness of the Division's Independent Living Program (ILP) for children who are getting close to "aging out" of care. Reviewers rated the ILP as a "strength" in around 85 percent of the cases for which this measure was applicable.

QSPR ITEM 8A: Independent living.

		Frequency	Percent	Valid Percent
Valid	Strength	31	7.0	84.6
	Area Needing Improvement	6	1.3	15.4
	Total	36	8.3	100.0
Missing	Not Applicable	188	42.7	
	System	216	49.0	
	Total	404	91.7	
Total		440	100.0	

Promising Approaches

Act 216 was passed in the 86th Arkansas General Assembly, 2007 to allow the Department of Human Services to appoint a signee so that a child in state custody may obtain an Instruction Permit, a Learner's License, or an Intermediate Driver's License. Two (2) youth in foster care testified on behfal of the bill and attended the Governor's signing of the bill. An Executive Directive (ED) was issued October 5, 2007 to outline the new policy and procedure to provide guidance to the field staff, foster parents and applicable/interested foster youth.

The Executive Directive outlines the criteria that a youth in foster care must meet when requesting permission to apply for an Arkansas Learner's or Intermediate Driver's License and to participate in the DCFS Foster Care Driving Insurance Reimbursement Program. It establishes the responsibilities for the youth, foster parents and various DCFS staff throughout the process.

In accordance with A.C.A. § 27-16-702 (a) (1) (D), this ED presents policy that establishes the DCFS Director's authority to appoint any Division staff member or foster parent to sign a youth's application for a driver's license. It further establishes that a youth in foster care having a driver's license is a privilege, not an entitlement.

The policy and procedures outline the youth's, foster parents and each DCFS staff member's responsibilities. The state requires that the youth in foster care be at least 16 years of age, meet specified vision requirements and be free of any serious accident or traffic violation for the last twelve (12) months.

Liability insurance covering the youth as a driver is required on each specific vehicle the youth will be allowed to drive. The additional cost of insuring the youth as a driver of a specific motor vehicle owned by the foster parent can be reimbursed to the foster parent. The youth can be reimbursed if he or she owns the vehicle and pays for the liability insurance. Once all requirements are met, the youth's continued compliance is monitored.

Promising Approaches - Foster Youth Advisory Board

The Division has an active and involved Youth Advisory Board which is made up of youth from each ten DCFS areas of the state. This board meets quarterly and is facilitated by foster youth who elect officers. Agency staff provides support and guidance to the board. The board members review agency policy, identify key issues around practice and service needs and also prepare information for events such as foster parent conferences and trainings for court personnel. The board members are currently developing a video regarding foster youth and their challenges with the court process. This committee has been very instrumental and vocal in assisting us with:
- Identifying and sharing concerns
- Emphasizing the need to communicate and visit with the foster youth, to allow visits with their siblings placed elsewhere.
- Helping each other with questions about issues such as services and needs, what to ask their worker, and how to advocate for their needs.
- Reviewing policy that impacts their service area e.g. Application for a Learners Permit or Drivers License and Insurance Reimbursement Program.
- Actively participating in the CFSR Statewide Assessment, focus sessions and the onsite Child and Family Service Review.

Summary Assessment of Permanency Outcome 1: Children have permanency. Although in looking at the data profile, there is a percent of children who come back into care, the field staff indicated that most of these are related to the parents' relapse into drug abuse. The lack of stability of placements is due to a number of factors including the following: staffing shortages and inexperienced staff, not enough foster home placements to meet the needs at the local county and area, contractors willingness to serve the children that the contract states need to serve, lack of support services in place for those problematic behaviors to assist the foster parent when a placement is about to disrupt.

Permanency goals are established timely and the youth are being assessed for the most part and served primarily due to committed dedicated IL coordinators. There were major staffing shortages which are exacerbated by the duplicative prospective foster and adoptive process. The Division is committed to improving permanency and the data and practice are showing some improvement.

DCFS is committed to reviewing existing processes, make recommendations for changes, pilot new approaches and determine what works. This includes a review of policy and procedure to analyze processes currently in place, to identify forms that could be reduced in order to assure anyone interested in fostering and or adopting can easily apply and to reduce the time spent before adoptions are finalized. In addition, the Division is creating an online application process for anyone interested in fostering and or adopting.

We need to assure that the services needed are delivered with the intensity needed to address and resolve family issues so that children can be returned home or freed for adoption in a timely manner and that whatever permanency option is chosen, services continue to support that permanency until it is secure enough to no longer need that support.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Permanency Outcome 2. Reviewers rated 19 of 26 applicable cases as substantially achieved for this outcome, representing 73 percent of the cases reviewed, compared to the 90 percent required for a determination of substantial conformity to this outcome. The review identified strengths in the Division's efforts to place children in close proximity to their families and communities to support visits between children in foster care and their parents. The review identified needs for improvement in establishing permanency goals for children in foster care promptly, reducing the number of moves experienced by children in foster care, moving children into adoption placements in a more timely manner, preserving significant connections for children in foster care beyond contact with their parents, and making greater use of extended family members as possible placement options for children.

In the current round of CFSRs, there are currently no summary quantitative measures of the extent to which "the continuity of family relationships and connections is preserved" for children in foster care, neither in the CFSR State Data Profile nor from local sources. However, the QSPRs did include a summary assessment of Permanency Outcome 2, as well as assessments for each of the six individual measures that are included in this general outcome domain. The summary assessment for Permanency Outcome 2 is shown in the table below.

QSPR PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children.

		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	174	39.6	79.4
	Partially Achieved	26	5.9	11.7
	Not Achieved	19	4.4	8.9
	Total	220	49.9	100.0
Missing	Not Applicable	220	50.1	
Total		440	100.0	

QSPR reviewers reported that "continuity of family relationships and connections" was "substantially achieved" in 79 percent of the cases for which this outcome measure was applicable. This appears to be a slight improvement over the 73 percent "substantial achievement" rate registered in the first round of CFSRs.

Current data on the six individual items measured within this general outcome domain are presented in the following sections.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-A When a child is in the custody of the Department of Human Services, DCFS shall ensure that the out-of-home placement is in the best interest of the child, is the least restrictive possible and is matched to the child's physical and therapeutic needs. A child of a parent who is under the age of eighteen (18) years, and is in DHS custody, is also considered a dependent juvenile and is eligible to receive foster care maintenance payments and is deemed to be a recipient of aid to families with dependent children.

How did the Division perform in the first round of CFSRs?

This item was determined to be a strength. The on-site review of cases revealed that DCFS is doing an excellent job of maintaining children in their own communities during their placement in foster care. Placements outside of their communities, when necessary, seem to be for issues related to their case plans.

What do data show about the Division's performance in the current round of CFSRs?

It is not something that is measured regularly on a quantitative basis. However, QSPR Item 11 provides reviewers' assessments of the Division's effectiveness in placing foster children in homes that are close to their birth parents. Reviewers reported this area to be a "strength" in 94 percent of the cases for which this item was applicable.

QSPR ITEM 11: Proximity of foster care placement.			
		Frequency	Percent	Valid Percent
Valid	Strength	137	31.1	94.5
	Area Needing Improvement	8	1.8	5.5
	Total	145	32.9	100.0
Missing	Not Applicable	295	67.1	
Total		440	100.0	

Item 12: Placement with siblings. How effective is the agency in keeping brothers and sisters together in foster care?

What is the Division's policy regarding this item?

FSPPM Policy Section VI – B - Siblings shall live together in the same foster home. When it is in the best interest of each of the children, the Department shall attempt to place siblings together while they are in a foster care and adoptive placement. Siblings may be placed separately only upon a written determination by the Administrator designated by the Director that placement of the siblings together would be detrimental to their best interests or is otherwise not possible at the time of initial placement. The Division shall ensure that the reasons for the separation of siblings, or infants with minor

mothers, into different foster homes are regularly reassessed and targeted recruitment efforts continue to reunite the siblings.

How did the Division perform in the first round of CFSRs?

This item was rated as an area needing improvement. Case reviews displayed the effective use of relative placements in order to keep some sibling groups together. There were noted examples of some cases in which siblings were separated in order to more effectively meet the needs of one sibling, but staff made the effort to keep the group in the same community. A limited number of foster homes, in some categories, seems to make it difficult to keep large sibling groups together. There were case situations in which siblings were separated, but there were not subsequent efforts to place them back together when opportunities became available. Stakeholders believe that the declining number of foster homes is negatively affecting the ability of the agency to place siblings together.

What do data show about the Division's performance in the current round of CFSRs?

Item 12 of the QSPR addresses the degree to which the Division is successful in keeping sibling groups intact in foster care. QSPR reviewers rated this area as a "strength" in 92 percent of the cases for which it was applicable.

QSPR ITEM 12: Placement with siblings.

		Frequency	Percent	Valid Percent
Valid	Strength	119	27.1	92.1
	Area Needing Improvement	10	2.3	7.9
	Total	130	29.5	100.0
Missing	Not Applicable	310	70.5	
Total		440	100.0	

Quantitative data on this item are regularly produced for the Annual Report Cards. These data are presented in the table on the following page. These quantitative measures provide somewhat mixed signals regarding placement with siblings. On the one hand, the data show an increase in the percentage of children that are placed with at least one sibling, from 66 percent in SFY 2003 to around 70 percent in the subsequent three years.

At the same time, however, the percentage of cases in which all members of a sibling group are placed together showed a sharp drop in SFY 2006, from percentages in the mid 40 percent range in 2003- 2005 to mid 30 percent range in 2006.

PLACEMENT WITH SIBLING MEASURES FROM THE ANNUAL REPORT CARDS, STATE FISCAL YEARS 2003 THROUGH 2006

PERCENTAGE OF CHILDREN IN FOSTER CARE WHO WERE PLACED WITH SIBLINGS

	STATE FISCAL YEAR ENDING JUNE 30 OF:			
	2003	2004	2005	2006
CHILDREN IN FOSTER CARE WITH SIBLINGS	1,864	1,647	1,699	1,804
NUMBER PLACED WITH AT LEAST ONE SIBLING	1,238	1,158	1,176	1,271
% PLACED WITH AT LEAST ONE SIBLING	66.4	70.3	69.2	70.5
NUMBER PLACED WITH ALL SIBLINGS	848	802	778	657
% PLACED WITH ALL SIBLINGS	45.5	48.7	45.8	36.4

Stakeholder Assessment

As discussed above in Placement Stability, staff are having a difficult time finding homes that can accommodate large sibling groups. Family Service Workers shared during the focus group sessions that when children are removed from their home, staff try to find a family that can provide for their needs, but many times, current homes are at capacity or are too full. Often children are split up initially and then workers try to find a home that can take all or some of the siblings.

One of the foster youth in the focus session conducted with the Youth Advisory Board members shared her experiences of being placed separate from her brothers because the home she was placed at could only take another girl, and the home her brothers were placed in could only take boys. Much later they were placed together, and she felt very sad to be moved because of the relationship she had made with the foster mother. During this same focus session, another youth shared that he and his brother were separated due to fighting.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

What is the Division's policy regarding this item?

FSPPM Policy Section IV-B states, Families and children shall have reasonable opportunities for personal visits, communication by telephone, and involvement in life events such as teacher conferences, school and community events. A plan for visitation shall be developed between a child in out-of-home placement and the family and siblings, whether or not the siblings are in out-of-home placement. The preferred location for the visits is the parent's home or, if that is not possible, in the most homelike setting possible. Office visits are a last resort.

Children in DHS custody shall have an opportunity to visit with grandparents, or great grandparents, provided the grandparents, or great grandparents, have been granted visitation rights by the courts.

If it is in the child's best interest, visits between siblings and with relatives may continue after Termination of Parental Rights (TPR), if visitation was established prior to TPR. Visitation after TPR will continue until an adoption placement is made or the Out-of-Home placement case is closed.

How did the Division perform in the first round of CFSRs?

This item was rated as an area needing improvement. There were several examples of DCFS providing transportation to facilitate visits with parents including some Saturday visits. Relative placements often facilitated visitation between children in care and their parents and siblings. The on-site review documented some inconsistencies among cases regarding the continuation of visitation between siblings in TPR/adoption placement cases. There were examples in which visitation did not occur between children and parents because DCFS was not able to provide the necessary supervision required for the visit. The case review revealed at least one example in which visitation was not occurring between a child in care and his siblings who remained in the home.

What do data show about the Division's performance in the current round of CFSRs?

The only current data on visits with parents and siblings while in foster care come from the QSPR. This was noted as an "area needing improvement" in the first round of CFSRs, and it appears to continue to be problematic in the current round. QSPR reviewers rated this as a "strength" in only 77 percent of the cases for which the item was applicable.

QSPR ITEM 13: Visiting with parents and siblings while in foster care.

		Frequency	Percent	Valid Percent
Valid	Strength	108	24.6	77.4
	Area Needing Improvement	32	7.2	22.6
	Total	140	31.8	100.0
Missing	Not Applicable	300	68.2	
Total		440	100.0	

Promising Approaches

The primary purposes of visiting are to maintain parent-child relationships and reduce the sense of abandonment that children experience in placement. Our agency policy states: "Families and children shall have reasonable opportunities for personal visits, communication by telephone, and involvement in life events such as teacher conferences, school and community events. A plan for visitation shall be developed between a child in out-of-home placement and the family and siblings, whether or not the siblings are in out-of-home placement. The preferred location for the visits is the parents' home or, if that is not possible, in the most homelike setting possible. Office visits are a last resort."

The publication entitled *Visiting between Children in Care and their Families: a Look at Current Policy* notes that researchers have found a relationship between parent-child visiting and children's well being while in care. Furthermore, children in care who are visited frequently by their parents are more likely to have high well-being ratings and to adjust well to placement than are children less frequently or never visited.

Staff wanted to explore with parents how to improve visitation connections with children placed in foster care. Several focus group sessions were held with parents in order to better understand how parents feel and to gather information and to identify trends and patterns. With assistance from four (4) Family Resource Centers located in DCFS Areas IV, VI and X, - parents were asked to identify what the barriers and solutions for assuring families visit with their children placed in foster care and focus sessions were also held with DCFS staff to identify barriers and solutions for improving visits between parents and their children placed in foster care. A report with recommendations was presented to the PIP Group 1 and the DCFS Executive staff.

One of the recommendations from this report was to provide staff that would enhance their understanding of the importance of promoting visits between children and their parents. PIP 1.6.3: Improving Practice in Visitation - This training which consisted of a day workshop was provided to all Family Service Workers, Family Service Supervisors to identify barriers to visitation between children in foster care and their parents and/or siblings, identify strategies to address those barriers, and focus on improving the quantity and quality of visits for children in foster care.

Item 14: Preserving connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-B states, Families and children shall have reasonable opportunities for personal visits, communication by telephone, and involvement in life events such as teacher conferences, school and community events. A plan for visitation shall be developed between a child in out-of-home placement and the family and siblings, whether or not the siblings are in out-of-home placement. The preferred location for the visits is the parent's home or, if that is not possible, in the most homelike setting possible. Office visits are a last resort.

How did the Division perform in the first round of CFSRs?

This item was rated as an area needing improvement. There is good case planning and service development for teenage mothers who have children maintained in foster homes with them. The on-site review documented that there has been a trend of not seeking out and/or involving fathers of children who come into foster care, especially when they have previously been absent from the child. Multiple moves for some children had a negative impact on the ability to maintain meaningful connections for these children. There is lack of clear policy and procedure in maintaining contact between children in foster care and their extended relatives after a termination of parental rights has occurred. A case example involved a child who requested continued contact with his grandmother but

contact was not allowed due to the TPR. One case revealed that there had insufficient probing to determine the heritage of a Native American child in foster care and thus Indian Child Welfare Act mandates had not been put in place.

What do data show about the Division's performance in the current round of CFSRs?

Again, the only current data regarding the preservation of social connections for children in foster care come from the QSPR. Preserving connections was rated as a strength in 87.5 percent of cases for which this item was applicable.

QSPR ITEM 14: Preserving connections.

		Frequency	Percent	Valid Percent
Valid	Strength	139	31.6	87.5
	Area Needing Improvement	20	4.5	12.5
	Total	159	36.2	100.0
Missing	Not Applicable	281	63.8	
Total		440	100.0	

Item 15: Relative placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

What is the Division's policy regarding this item?

Prior to July 2005 FSPPM Policy Section VI-A VII – A Kinship foster homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related through blood or marriage. These homes must meet all of the minimum licensing requirements for a family foster home. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. Kinship foster homes will be approved only for placement of relative children. If the relatives choose to be a regular foster home, they will have the responsibility of caring for relative and non-relative foster children.

Once permanency is achieved for the relative children placed in a kinship family foster home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

How did the Division perform in the first round of CFSRs?

This item is an area needing improvement. The report noted that there were several examples that documented the increasing amount of work that DCFS is doing to encourage relative placements. Some case reviews revealed that efforts were not made to pursue relative placements when relatives did not come volunteer their homes as placement resources. Some cases revealed a lack of services and supports to relatives who were attempting to provide care for their family members.

What do data show about the Division's performance in the current round of CFSRs?

QSPR data show this area to be a strength in just under 80 percent of the cases for which this item was applicable.

QSPR ITEM 15: Relative placements.

		Frequency	Percent	Valid Percent
Valid	Strength	148	33.7	79.7
	Area Needing Improvement	38	8.6	20.3
	Total	186	42.4	100.0
Missing	Not Applicable	254	57.6	
Total		440	100.0	

Additional data relevant to this item are also regularly produced for the Annual Report Cards. The table below gives the percentage of children in foster care at the end of each SFY whose current placement was with relatives. This percentage has increased slightly from SFY 2003 to SFY 2007, but even the latest percentage remains relatively low at only 3.5 percent of children in care.

**RELATIVE PLACEMENT MEASURES FROM THE ANNUAL REPORT CARDS,
STATE FISCAL YEARS 2003 THROUGH 2007**

PERCENTAGE OF CHILDREN IN FOSTER CARE WHO WERE PLACED WITH RELATIVES

	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
CHILDREN IN FOSTER CARE	3,146	3,241	3,346	3,444	3,729
NUMBER PLACED WITH RELATIVES	66	87	133	134	129
PERCENTAGE PLACED WITH RELATIVES	2.1	2.7	4.0	3.9	3.5

Enhancements to Policy and Practice

In the 85th Arkansas General Assembly, 2005 Juvenile Code was amended to create provisional foster homes. A "Provisional Foster Home" means a foster home opened for no more than six (6) months by DCFS for a relative of a child in the custody of the division after the division conducts (a) a health and safety check, including a central registry check, a criminal and local background check on the relative and the appropriate people in the relative's home, a vehicle safety check and; (b) A visual inspection of the home of the relative. "Relative" means a person within the fifth degree of kinship by virtue of blood or adoption which allowed for the expansion of foster home resources. FSPPM Policy was revised to reflect the new code. Policy Section VI-A states - In an effort to preserve family connections, a child in foster care may be placed in a Provisional Relative Foster Home if a relative has been identified and is appropriate.

FSPPM Policy Section VI-J (A.C.A. § 9-27-354 of the Juvenile Code) states placement or custody of a juvenile in the home of a relative shall not relieve the Department of its responsibility to actively implement the goal of the case. If the relative meets all relevant

child protection standards, and it is in the juvenile's best interest to be placed with the relative caregiver, the Department shall discuss with the relative the following two (2) options for placement of the juvenile in the relative's home: The relative becoming a DHS relative foster home; or the relative obtaining legal custody of the juvenile.

The juvenile shall remain in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency until the relative's home is opened as a regular foster home or the court grants custody of the juvenile to the relative after a written approved home study is presented to the court.

If the relative chooses to obtain legal custody of the juvenile, a protective services case must be opened on the child and a case plan developed to establish permanency for the child. The Division must provide services similar to the services that would have been provided if the child was placed in foster care, and the case plan must address these services. For example, if there are health concerns, educational issues, or counseling needs of the child they should be addressed in the case plan. Relatives have the option of obtaining permanent custody or guardianship if all efforts toward reunification are exhausted and/or to achieve case plan goals for permanency. If the court grants permanent custody, or guardianship is granted, the protective services case will be closed. If Termination of Parental Rights (TPR) is an option for the case, the relative is eligible to adopt the child and can receive services identified in Procedure (VIII-H2) Subsidy Payments and Support for Non-Custody Adoptions (Out-Of-Home Placement Services, SSI Eligible Private Agency and Independent Adoptions), if the child is eligible.

Additional data from the Division's Annual Report Cards show that discharges from foster care into relative custody have seen a steady increase in the last five years. In SFY 2003, 29 percent of children exiting care during that year exited to relative custody; by SFY 2007, this percentage had grown to 43 percent.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-B states, Families and children shall have reasonable opportunities for personal visits, communication by telephone, and involvement in life events such as teacher conferences, school and community events. A plan for visitation shall be developed between a child in out-of-home placement and the family and siblings, whether or not the siblings are in out-of-home placement. The preferred location for the visits is the parent's home or, if that is not possible, in the most homelike setting possible. Office visits are a last resort.

How did the Division perform in the first round of CFSRs?

This item was determined to be a strength of the state of Arkansas. Relatives are being used more to help maintain the relationship between children in care and their parents. There was a case example of DCFS assisting with a Saturday visit to enhance one father's

relationship with his child. The agency visitation policy seems to facilitate relationships between children in foster care and their parents.

What do data show about the Division's performance in the current round of CFSRs?

The only recent data on this item come from the QSPRs, in which the maintenance of relationships between foster children and their parents was rated as a "strength" in around 77 percent of the cases for which this item was applicable.

QSPR ITEM 16: Relationship of child in care with parents.

		Frequency	Percent	Valid Percent
Valid	Strength	95	21.6	76.9
	Area Needing Improvement	28	6.5	23.1
	Total	123	28.0	100.0
Missing	Not Applicable	317	72.0	
Total		440	100.0	

Statewide Assessment

Both training and policy reflect the importance of promoting and assuring family and child relationships are maintained. However, throughout the focus sessions with field staff, OCC attorneys, AAL's concerns were voiced about the overwhelming work and large caseloads of workers which impacts workers ability to help maintain those relationships.

Promising Approaches

DCFS received a grant through the Southern Regional Quality Improvement Center on Child Protection (SRQIC) out of the University Of Kentucky College Of Social Work. The grant funded a research project in Mentoring of Child Welfare Supervisors for a three-year period, with an additional year funded for data analysis. The Division's Arkansas Mentoring Supervisor models of supervision to further our state's casework supervisory approaches that a) positively affect practice in assessment and intervention with families, b) positively affect client outcomes due in part to improved assessment and interventions; and, c) positively affect preventable worker turnover due to increased sense of supervisory support. The SRQIC funded an opportunity to provide a Leadership Summit for 2 days in July of 2007 to supervisors and our IV-E training partners.

One of the major portions of the summit included an exploration of the Division's practices around engaging and involving fathers. **Randy A Jenkins**, Parent Advocate/Consultant with the QIC, facilitated a session with three (3) of the state's Fatherhood Initiative programs and participation by seven (7) fathers. The session also included a parent who had been a consumer of the child welfare services system. He shared with the participating fathers his experiences. This same session was provided to supervisors and trainers from the IV-E Training Partnership the next day, and information learned from the fathers' session was incorporated into the training session:

What was your first contact with the child welfare system?
- The fathers in the group did not acknowledge any contact with the child welfare system.
- First contact with any state/government system was related to child support.
- Issues of establishing paternity.

What would help you be a better father?
- Spiritual relationship
- Education
  - Support group
  - Fatherhood program
  - Job training/employment
  - Communication
- Relationship building
  - Marriage counseling/couple mentoring
  - Conflict resolution
- Visitation/spending time with child
- Stable family life
- Responsibility/mentoring
- Maturity
- Accessing resources

What are the key issues around relationship building?
- Understanding the benefits of fathers
- Forgiving: able to move beyond the past
- Opportunity to be involved
- Reaching out to child
- Knowing oneself
- Building trust - Long process, taking responsibility, doing what you say you're going to do
- Communication and having regular contact with someone

What would a father-friendly agency look like?
- Look like you're not the government
- Staff would listen to me
- Doesn't stereotype
- Provide information about father's rights
- Provide information about available services
- Successful track record of working with fathers
- Non-traditional approaches (time that services are provided)
- Father-friendly female staff
- Confidentially is respected

Supplemental Discussion (more child welfare focused)
- Fathers are disgruntled with workers
  - Want child welfare workers to not see fathers as the enemy
  - Fathers want workers to look at the "whole" family
  - Impacted by the length of time it takes to get fathers involved is depended upon the ability to locate fathers and have contact information such as phone numbers and addresses of the father

- Rules of engagement
  - The attack mode shuts fathers out
  - Staff assume that fathers are wrong
  - Need to better train frontline staff; take into account their own feelings and experiences with their father; need better people skills.

DCFS Area 8 (a nine-county area) management staff and IV-E training partners who are part of the Arkansas State University Social Work Department, scheduled and coordinated a worker appreciation day for all field staff in the area; with 80 to 90 staff participating. To provide a meaningful learning experience, the IV-E training partners requested that Randy Jenkins provide a workshop and session with field staff on involving and engaging families and fathers in recognizing family roles, identifying individual family needs and acknowledging the importance of engaging all family members in visiting, in service needs and in developing goals in the family's case plan. This area will repeat this workshop in 2008. DCFS Area 7 will bring this same presenter into their area next spring to also provide a workshop on engaging fathers.

Summary Assessment of Permanency Outcome 2: Continuity of family relationships and connections is important and critical to the successful achievement of permanency for the children we serve. We recognize that the importance of the development of an array of appropriate placements, particularly foster homes that are available in the area of most needs and to assure that children are placed close to their family, friends and community. We need to assure that ties with family, friends, schools and communities can be maintained by placement close to home and planned frequent contacts. The Division has a specific policy in place that requires that siblings be placed together. Increased placement resources will help us make this policy a reality.

C. Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Well-Being Outcome 1. Reviewers rated 30 out of 50 applicable cases for this outcome as substantially achieved, representing 60 percent of the cases reviewed, compared to the 90 percent required for a determination of substantial conformity. Strengths identified in this outcome include an array of services available to families in the more urban parts of the state and the presence of case planning documents in a majority of the cases reviewed. However, reviewers also identified a number of areas needing improvement, including a lack of follow up by the agency in some cases where services were recommended, narrowly focused assessment of needs, limited availability of services in rural parts of the state, lack of attention to the needs of foster parents who are parenting behaviorally challenging children, and a lack of involvement of parents and age-appropriate children in developing their case plans. Also, the review identified problems regarding the quality of visits between agency caseworkers and parents and children in their caseloads, with many visits appearing to be unfocused and perfunctory.

In the current round of CFSRs, the Division's effectiveness in providing families with an enhanced capacity to provide for their children's needs continues to be a problem. QSPR reviewers rated this outcome area as being "substantially achieved" in only 65 percent of the cases for this item was applicable.

QSPR WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs.

		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	280	63.6	64.7
	Partially Achieved	92	20.9	21.2
	Not Achieved	61	13.9	14.1
	Total	433	98.4	100.0
Missing	Not Applicable	7	1.6	
Total		440	100.0	

Data on the individual items that fall within this general outcome domain are presented below.

Item 17: Needs and services of child, parents, and foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

What is the Division's policy regarding this item?

As a part of the Division's PIP, policy was revised. FSPPM Policy Section VI-B The assessment of the family's strengths, needs, and resources is the basis for developing individualized goals and service delivery to meet the family's unique goals. The family shall be the primary source of information for the assessment with emphasis on the

partnership with the family and a holistic view of their circumstances. The Family Strengths and Needs Assessment (CFS-6009) will be completed and updated throughout the life of open Child Protective Service (In-Home and Out-of-Home) and Supportive Cases.

In assessing the family's strengths and needs, a structured decision-making process will be utilized. A series of assessment tools will be employed to make assessments and structure the agency's response to assessment results. These tools are the Health and Safety Assessment and the Risk Assessment. The Health and Safety Assessment will be utilized to assess issues posing an immediate danger to a child. The Risk Assessment will be utilized to determine the likelihood of future abuse to a child. The Health and Safety Assessment and the Risk Assessment are considered as tools in a structured decision-making process and their use does not replace professional judgment. The Family Strengths and Needs Assessment will be used for all cases. The Health and Safety Assessment and the Risk Assessment will not be used in voluntary supportive services cases.

How did the Division perform in the first round of CFSRs?

As noted above, this was determined to be an "area needing improvement" in the first round of CFSRs.

What do data show about the Division's performance in the current round of CFSRs?

The only recent data on this item come from the QSPR, which showed that needs assessment and the provision of appropriate services to meet those needs was rated as strength in only 75 percent of the cases for which this item was applicable.

QSPR ITEM 17: Needs of child, parents, and foster parents are assessed and necessary services are provided.

		Frequency	Percent	Valid Percent
Valid	Strength	313	71.1	75.1
	Area Needing Improvement	104	23.6	24.9
	Total	417	94.7	100.0
Missing	Not Applicable	23	5.3	
Total		440	100.0	

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

What is the Division's policy regarding this item?

The case plan (CFS-6010) is a written document that outlines a plan of services between the family and the Division of Children and Family Services is a part of the case record. It addresses the family's needs, building on the family's strengths, and outlines the roles and responsibilities of all involved parties. Case plans will be developed after a thorough assessment of a family's strengths and needs. The family shall be the primary source of information. The case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents and the Attorney ad litem (if there is court involvement), the Family Service Worker and any other involved parties. Consideration of the health and safety of a child must be included in case planning and case reviews for children. No child in Out-of-Home Placement shall have a case plan goal of reunification for longer than twelve (12) months, unless otherwise ordered by the court. The plan will be filed with the court no later than thirty (30) days after the date the petition was filed or the child was first placed out-of-home, whichever is sooner

Case plan development remains closely integrated with the Family Strenghts, Needs and Risk Assessment (FSNRA) (CFS-6009). According to Policy II-B, the FSNRA represents the foundation for developing individualized goals and service delivery to sustain the family unit, and Family Service Workers complete these assessments by interviewing family members and obtaining their views on their problems, circumstances and overall needs. Each case's FSNRA contents influence their corresponding case plan contents.

How did the Division perform in the first round of CFSRs?

This item was determined to be an "area needing improvement" in the first round of CFSRs although the report noted that there was evidence in the case records that notices of case plan staffings were sent to parents. There were some case examples that teens were involved in and understood their case plans. Some stakeholders felt that sometimes families and age appropriate children were not involved in the plans developed for their cases. There were few cases in which fathers were involved in the case planning for their children. There appears to be a trend for juvenile justice cases to come to DCFS with cases plans already developed and there was no subsequent assessment by DCFS staff to determine the potential for identified risk areas. Several case plans did not have signatures or any other evidence that families had been engaged in the development process.

What do data show about the Division's performance in the current round of CFSRs?

More recent data from the QSPRs show that this, too, continues to be a problematic area for the Division. QSPR reviewers determined that the involvement of children and their families in the case planning process was a "strength" in 73 percent of cases for which this item was applicable.

QSPR ITEM 18: Children and their families are involved in case planning.

		Frequency	Percent	Valid Percent
Valid	Strength	303	68.8	73.3
	Area Needing Improvement	110	25.1	26.7
	Total	413	93.9	100.0
Missing	Not Applicable	27	6.1	
Total		440	100.0	

Promising Approaches

Family Strengths and Needs Assessment, Risk Assessment and Case Planning Improvements

On October 1, 2006, DCFS implemented new Family Strengths, Needs and Risk Assessment (FSNRA) and case plan instruments for use by its Family Service Workers and other field staff. Hornby Zeller Associates (HZA) completed an evaluation of the new assessment tool and case plan implementation in 2007 entitled "An Evaluation of Case Plan Policy." In this report is was noted that during the four months prior to the implementation of the new forms, 36.1 percent of opening cases had a completed case plan within 30 days and 54.9 percent had a completed plan within 60 days. During the four months after the new forms' implementation, 17.8 percent of opening cases had a completed case plan within 30 days and 36.6 percent had a completed plan within 60 days.

523 surveys were received from various stakeholders relevant to the development of case plans, including responses from 229 foster parents, 85 Family Service Workers. Other surveyed stakeholders included Attorneys Ad Litem, Office of Chief Council (OCC) Attorneys, and judges, court-appointed special advocates (CASA), Area Managers and County Supervisors. The surveys recorded stakeholders' input and feedback on numerous issues; two questions pulled from the survey asked "How useful are case plans in addressing the needs of both the child and his or her family?" And "Do you feel that the new case plan form is an improvement over the previous one?

Family Service Workers
37.8 percent feel that case plans are useful, user-friendly and meet children's needs in their current form; 41.7 percent feel that case plans are *not* useful in their current form. 53.5 percent feel that the new case plan format is an improvement over the previous one; 34.6 percent do *not* feel that the new form is an improvement; 8.1 percent are *not aware* of the new form.

Foster Parents
37.5 percent feel that case plans are useful, user-friendly and meet children's needs in their current form; 26.2 percent feel that they are *not* useful in their current form. 23.1 percent feel that the new case plan form is an improvement over the previous one; 1.7 percent feel that the new form is *not* an improvement; 74.7 percent are *not aware* of the new form.

Attorneys Ad Litems

17.3 percent feel that case plans are useful, user-friendly and meet children's needs in their current form; 65.2 percent feel that they are *not* useful in their current form.
47.8 percent feel that the new case plan form is an improvement over the previous one; 52.2 percent feel that the new form is *not* an improvement.

Juvenile Judges

Four judges feel that case plans are useful, user-friendly and meet children's needs in their current form; five judges feel they are *not* useful in their current form.
Five feel that the new case plan form is an improvement over the previous one; five are *not aware* of the new form.

While Family Service Workers generally felt prepared and trained in using CHRIS to input and update information using the new case plan and FSNRA forms, only 28.8 percent felt that the new case plan was more efficient and saved time, as opposed to 40.8 percent that felt that the new form was not more efficient. Only 38.4 percent of the foster parents surveyed were satisfied with the extent of their involvement in the development of case plans, while 47.2 percent were not satisfied with their involvement. Moreover, 72 percent felt they should be more involved in the case planning process.

Family Team Meeting Pilot

The Family Team Meeting Pilot was conducted in Sebastian County in the spring of 2006. In early 2006 Sebastian County was in crisis. Caseloads were overwhelming. Staff turnover was high. Many cases did not have case plans. The Family Team Meeting Pilot Team volunteered to do the pilot in Sebastian County with the hope it would help in the development of case plans in at least a few cases and would provide valuable information to the Pilot Team on how Family Team Meetings could best be conducted in Arkansas. A procedure was developed for what was to happen before the FTM, during the meeting and after the meeting. This evolved as the pilot progressed. The pilot was used as a learning process for all – the FSWs, families and the Pilot Team. The Pilot Team had weekly conference calls to process what was happening with the Pilot and learn from each other as the pilot progressed.

Family Team Meetings were conducted on 12 cases by four teams. Initial projections were that more could be conducted. However FTM Pilot Team members were to do all the logistics, which proved to be formidable, including contacting workers, supervisors, attorneys and families to arrange the meetings. Even when staff in the areas would be responsible for doing this task, it will be very time consuming, especially spending time with the family to assure they know what the FTM is, when it is, who they can bring and what to expect.

Participation in Family Team Meetings was designed to include the OCC, parent attorney, GAL, foster parent, family members, CASA, placement providers, service providers, Family Service Workers, and Family Service Worker Supervisors. The list below indicates who was invited and attended each family team meeting as documented by the team meeting facilitators.

- 99% of those who were supposed to be invited to the team meetings were invited
- 81% of those who were supposed to attend the team meetings actually attended
- 75% of OCC attorneys attended team meetings
- 91% of parent attorneys attended team meetings
- 100% of the FSWs attended team meetings
- 42% of the FSW supervisors attended team meetings

Stakeholder Assessment

In focus sessions conducted with field staff, when asked how effective the State is in ensuring that each child has a timely written case plan that includes the needed services and is developed with their input, their mother's input, father's input and foster parents' input, 17 percent of staff rated the system as "very effective," 55 percent described it as "somewhat effective," and 24 percent felt it was rarely effective.

Staff noted the following issues and barriers regarding the case planning and review process:

- Staff do not want to take children out of school to involve them in the staffing and meetings when scheduling family members in the development of the case plan. One particular County Supervisor asked that if the family cannot attend the staff in the office or misses a scheduled staff, the Family Service Worker is to go out to the family's home and engage them into the process.
- Time to complete the case plan within 30 days of the case opening is difficult and staff stated they "get it done to meet the time frames outlined in policy."
- Sensitivity of the reasons children were brought into care e.g. sexual abuse
- Attorneys Ad Litem and/or CASA volunteers help get child engaged in developing or participating in developing the plan.
- Staff feel that the children do not care or want to participate in developing the plan.
- Several staff stated that they used conference calls with other team members of the case when child was placed out of county.
- Mothers are usually involved in the staffing, development of and agreeing with the case plans.
- If a father is involved, it is because he is part of the household or is the caretaker of the child(ren). In many instances, the father is not involved because the mother has not provided information about how to locate the father, does not want him included or because he is not a part of the household is not considered.

Focus session were conducted with the Foster Youth Advisory Board with fifteen members in attendance. Additionally, a focus session was conducted with an Independent Living Skills session in Pulaski and six foster youth were in attendance at this session. With both groups, it was asked if youth participated and received a copy of their case plan. Eleven of these youth (just over 50 percent) indicated that they had received a copy of their case plan, and similar percentages indicated that they participated in the development of the plan and that the plan identified the services they needed. However, they stated that the worker should fulfill their promises and that they be able to get in touch with their worker. Youth also noted that they do not want to be visited at school.

A focus session was conducted with the Pulaski Foster Parent Support group. There were 15 foster parents attending this meeting. Foster parents at this meeting were asked, "Were you provided notification and/or given an opportunity in the development of the plan." Of those providing input into this question, seven (7) foster parents stated that they had not received a copy and three indicated that they only receive it during court or a staffing. Not all of the foster parents are invited to attend staffing.

Clearly the Division recognizes that more work needs to be done in terms of invomvenet of family (both mother and father) and age appropriate children developing the goals they want to work on, identifying their needs, and creating an environment in which family and staff work together to collaborate on this plan. Although some of the enhancement needs rest with the Division's CHRIS system, and we anticipate improvmens in family involvement when caseloads become more manageable. The real key to practice is the work done by staff that are committed and comfortable with engaging families in this process. A workgroup has been established to look into these functions, review the report prepared by HZA entitled "An Evaluation of Case Plan Policy"and finish the work that began with the Division's PIP.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

What is the Division's policy regarding this item?

FSPPM Policy Section V-B states, The Division shall maintain a level of contact with the family adequate to protect the health and safety of the child, to protect the child from further child maltreatment and to provide family support. When a report of child maltreatment is true and it is determined that the child shall remain in the home, the appropriate frequency for visits to the child and family shall be no less than weekly in the home during the first month that the case is opened. If the case is open longer than one month, the Worker and his Supervisor may staff the case to determine if visits may safely be held less frequently than weekly. Visits to the family in the home, with a face-to-face visit with the child, will be held at least once a month. Less frequent contact shall be dictated by the needs of the child and family and must have prior approval by the supervisor. The supervisor must review the Health and Safety Assessment and Risk Assessment before granting a waiver.

Procedure II-E outlines the four distinct levels to assist the worker and supervisor in identifying the frequency of visits and to re-assess family for risk at a minimum of every six months. These are:

> **Low family risk level:**
> - Visits to the child and family shall be no less than weekly.
> - At a minimum, one face-to-face contact by the FSW per month,
>
> **Moderate family risk level:**
> - Visits to the child and family shall be no less than weekly.

- At a minimum, two face-to-face contacts by the FSW per month,

High family risk level:

- Visits to the child and family shall be no less than weekly.

- Four face-to-face contacts by the FSW per month. (No contact waiver granted), and

Intensive family risk level:

- Visits to the child and family shall be no less than weekly.

- Four face-to-face contacts by the FSW per month. (No contact waiver granted), and

- Staff case with OCC and the Area Manager if there is no court involvement.

How did the Division perform in the first round of CFSRs?

This item was rated as area needing improvement. The state has very clear policy expectations of weekly visits between caseworkers and the children on their caseloads. The review indicated visits needs to be more focused with guidelines on the expected content of the documented visits and/or the outcomes for visits between children and caseworkers.

What do data show about the Division's performance in the current round of CFSRs?

Item 19 of the QSPRs shows that caseworker visits with children continues to be a problematic area. In only 65 percent of the cases for which this item was applicable was it rated as a "strength."

QSPR ITEM 19: Caseworker visits with child(ren).

		Frequency	Percent	Valid Percent
Valid	Strength	278	63.1	64.8
	Area Needing Improvement	151	34.3	35.2
	Total	429	97.5	100.0
Missing	Not Applicable	11	2.5	
Total		440	100.0	

Quantitative data from the Annual Report Cards are presented in the table on the following page. Although policy and the manner in which the data are reported changed during the period under examination, even the percentage of visits that were only required on a monthly basis dropped fairly steadily from SFY 2003 to SFY 2006, with a slight rebound noted in SFY 2007.

**CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE,
STATE FISCAL YEARS 2003 THROUGH 2007**

CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE BY REQUIRED FREQUENCY

PERCENTAGE OF CASES IN WHICH
ALL REQUIRED VISITS WERE MADE

REQUIRED FREQUENCY OF VISITS	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005*	2006*	2007*
WEEKLY	19	13			
BI-WEEKLY	47	42			
MONTHLY	72	68	65	53	57

* DATA FOR SFYs 2005 THROUGH 2007 ARE NOT STRICTLY COMPARABLE TO EARLIER DATA BECAUSE OF A CHANGE IN POLICY IN JANUARY 2005. PRIOR TO THE POLICY CHANGE, ONLY FACE-TO-FACE VISITS WITH A CHILD IN HIS OR HER OWN HOME WERE COUNTED AS MEETING THE REQUIREMENT. THE NEW POLICY COUNTS ALL FACE-TO-FACE VISITS BETWEEN CHILD AND CASEWORKER, REGARDLESS OF LOCATION OF THE VISIT. ALSO, BEGINNING WITH SFY 2005, DATA WERE ONLY REPORTED FOR REQUIRED MONTHLY VISITS.

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

What is the Division's policy regarding this item?

FSPPM Policy is covered in item 19.

How did the Division perform in the first round of CFSRs?

This was noted as an area needing improvement. It was noted that the state has very clear policy expectations of weekly visits between caseworkers and the children on their caseloads. The on-site review revealed that many caseworkers are flexible in making night and weekend visits to families to accommodate the needs of some families. Case reviews revealed a need to analyze the practice of the waiver policy; there were many old waivers in place that needed to be reviewed and situations in which a request for a waiver would seem to be appropriate. Also noted from the review, caseworkers were of the belief that policy required making only unannounced visits to families and this resulted in several missed contacts. There appear to be circumstances in which attempted visits are being coded as completed contacts in the CHRIS system.

What do data show about the Division's performance in the current round of CFSRs?

The only recent data on caseworker visits with parents come from the QSPR, which shows that caseworker visits with parents were rated as a strength in only 64 percent of the cases for which this items was applicable.

QSPR ITEM 20: Caseworker visits with parents.		Frequency	Percent	Valid Percent
Valid	Strength	219	49.7	64.5
	Area Needing Improvement	120	27.3	35.5
	Total	339	77.0	100.0
Missing	Not Applicable	101	23.0	
Total		440	100.0	

Discussion of Items 19 and 20

The Division acknowledges the importance of worker contact with children in foster care and believes that these visits should be in the home as often as possible. However face to face visits in other locations can meet best practice objectives. The importance of the Family Service Worker visiting the child is measured not only in the QSPR reviews, QPR/ Annual Report Card, but is also displayed monthly in the COR reports. 57% of the monthly visits with children in foster care was accomplished in SFY 2007. However, as noted in several areas in this document, the Division was and continues to be understaffed. This is an issue we face for service quality as well as contiued COA accredited agency.

Promising Approaches

As part of the Division Director's Friday e-mails addressed to all staff in the Division, she has incorporated and discusses excerpts on the importance of visits, with child, visits with parent and visits between parent and their child(ren) in foster care, from the text book Using Visitation to Support Permanency by Lois E. Wright. These have been running in the Friday emails since April of 2007 and continued until September. To effectively achieve the case goal or permanency planning goal for a family, while promoting child safety, permanency and well-being, benefits of visitation include the following:

- Ease the pain of separation and loss for all
- Maintain and strengthen family relationships
- Reassure the child of the parent's well-being
- Deal with changing relationships and support the family in coping with changes
- Enhance parental motivation to change through providing reassurance and hope
- Enhance parental empowerment
- Provide the opportunity for parental change
- Help participants deal with reality
- Support the child's adjustment in the foster home
- Supports decision making
- Reduce time in care
- Increase the likelihood of reunification
- Assist with transition to reunification
- Contribute to family stability once reunification has occurred
- Provide the forum for on-going information sharing
- Enable the parent to stay current with the child's development and activities
- Support child developmental progression

- If reunification is not the plan, help participants cope with another plan, grieve, and work out their future

Summary Assessment of Well-Being Outcome 1:

The Division recognizes that work is needed in many areas of the state to assure that families have enhanced capacity to provide for the child's needs. In the area of engaging and involving family members to identify their needs, the work is spotty at best and the Division is monitoring these efforts. As noted in service array and service accessibility, the Division needs to assess the current contracted services both in home services and out of home placement programs to determine that these services meet the needs of the children and families being served. Specifically the parenting services, Human Service Workers in the School, information about the types of placements served by the providers etc. There is

Assuring active involvement of family, including extended family where appropriate, in the development and implementation of case plans and in the lives of their children, even if they are in an out-of-home placement. The Division has an active and vibrant Foster Youth Advisory Board, involved in the review of agency policy, advises us with agency plans and a partner in our Statewide Assessment and PIP development. This group has been very insightful and provides us guidance regarding their needs and how best to serve them. team We need to fully implement family meetings, which have been tested and found productive, although time consuming.

We developed and implemented a new family assessment and case plan as part of the first PIP, but we need to make those tools more family-focused and user-friendly and ensure all staff feel comfortable using the tools as part of their practice.

The Division continually through a number monitoring efforts seeks to assure that workers are visiting with parents and children and recognize that more effort is needed to reach our agency goals for achievement. However staffing shortages have had a major impact on completing a number of vital case management activities and one of these is visits with parents and visits with children while placed in a substitute care setting. The Director has made this priority and created a weekly email chat with all DCFS staff. Included in these are thoughts of best practice, guidance on the impact on the successful outcomes workers can have with visiting parent, child and with foster parents.

Additionally, the Division is pursuing a number of practice modalities to improve and enhance case practice. These include the ability to engage fathers by conducting focus sessions with fathers who can guide us on enhancing our practice and providing specialized training at the local level to assist workers on how better to include, involve and engage fathers.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Well-Being Outcome 2. Reviewers rated 36 out of 44 applicable cases as substantially achieved for this outcome, representing 82 percent of the cases reviewed, compared to the 90 percent required for a determination of substantial conformity. The review determined the agency's use of comprehensive assessments of children including their educational needs, provided by the University of Arkansas for Medical Sciences, to be a strength. However, reviewers also determined that the educational recommendations from these assessments were not always followed.

For the current round of CFSRs, data from the QSPR showed that this outcome was "substantially achieved" in 85 percent of the cases for which it was applicable, close to the 82 percent achievement rate registered in the first round.

QSPR WELL-BEING OUTCOME 2: Children receive adequate services to meet their educational needs.

		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	236	53.6	85.0
	Partially Achieved	16	3.7	5.9
	Not Achieved	25	5.7	9.1
	Total	277	63.0	100.0
Missing	Not Applicable	163	37.0	
Total		440	100.0	

There is only one item associated with this general outcome domain, and this is discussed below.

> **Item 21: Educational needs of the child.** How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?
>
> **What is the Division's policy regarding this item?**
>
> FSPPM Policy Section VI-K states - It is the responsibility of DCFS to assure that foster children are afforded educational opportunities to help each foster child meet his/her full potential. The Division shall make every attempt to maintain the enrollment of a foster child in the school he was attending prior to placement into foster care. The Division shall coordinate transportation issues with the local school district. To ensure that children in the custody of the Department receive a quality education, it is the Division's policy to enroll foster children only in schools accredited by the Arkansas Department of Education. This requirement also applies to children placed in residential facilities. The local county office should be aware of educational resources in the community and across the state so that they can access these resources for foster children.

How did the Division perform in the first round of CFSRs?

This was noted as an area needing improvement. The comprehensive assessments conducted by the University of Arkansas for Medical Services for children in foster care includes an evaluation of educational achievement and needs. There were several examples of foster parents advocating with the schools on behalf of the children in their care. However, individual case record reviews revealed a number of situations in which children were assessed but the recommendations for education services were not pursued. There were FINS truancy cases in which school attendance was not being addressed as part of the current case activity. Stakeholders did have concerns that some schools were reporting some truancy situations as educational neglect while circumventing the Courts or the school truancy officer as more appropriate referral options.

What do data show about the Division's performance in the current round of CFSRs?

Again, the only source of more recent data on the Division's effectiveness in providing children in its care with appropriate educational services are the QSPRs. These data show that providing appropriate educational services was rated as a "strength" in almost 88 percent of the cases for which this item was applicable.

QSPR ITEM 21: Educational needs and services.

		Frequency	Percent	Valid Percent
Valid	Strength	237	53.8	87.6
	Area Needing Improvement	33	7.6	12.4
	Total	270	61.4	100.0
Missing	Not Applicable	170	38.6	
Total		440	100.0	

Stakeholder Assessment

Children receive adequate educational services. Education is part of the assessment of the child's needs and the comprehensive Health Assessment includes questions about a child educational status. It is a requirement of the agency to attach a copy of the child's education records with the case plan. In order to monitor the educational status of the child, there are several screens to assist in recording the information. CHRIS captures the following educational services on the Education screen: Name, address and phone number of school; Current grade level, grade last completed, Functional Grade Level, Educational Status, Education Placement, Date of Last IEP, School Performance, Strengths and Needs.

However, in our Statewide Assessment meetings, stakeholders shared that there are too many moves that impact and disrupt the child's educational milestones and achievements. The Division needs to assure that tracking of education milestones are conducted so that services are not interrupted. It was shared that the Division should not move the older children in foster care is not interrupted in the spring due in order to assure required testing is not interrupted. Staff need training on educational services, school system requirements, IEP's and special educational services.

Also shared in these meetings was the need to insure that schools are held accountable for serving and providing the required educational services.

Summary Assessment of Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. The Division needs to assure staffing is sufficient so that workers can assess and monitor the educational development of children being served. We need to enhance field staff to assist them with developing those professional helping relationships within the community, specifically the educational stakeholders. It is difficult to get a handle on the educational issues due to staffing shortages. We know we need to continue to develop greater expertise in the areas of education and mental health among our staff and the families we serve and develop even stronger linkages between the DCFS child welfare professionals and the education, medical and mental health professionals.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

In the first round of CFSRs, the state was found to be "not in substantial conformity" with Well-Being Outcome 3. Reviewers rated 34 of 46 applicable cases as substantially achieved for this outcome, representing 74 percent of the cases reviewed, compared to the 90 percent required for a determination of substantial conformity. The review determined that initial medical and mental health screenings were occurring in a timely manner. However, there were a number of cases in which the recommendations from the screenings were not followed by the agency.

More recent data from the QSPRs suggest that this might be an area in which the Division has made a noticeable improvement since the first round of CFSRs. QSPR reviewers judged the Division's provision of physical and mental health services to be "substantially achieved" in 87 percent of the cases for which this item was applicable.

QSPR WELL-BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs.

		Frequency	Percent	Valid Percent
Valid	Substantially Achieved	251	57.0	87.3
	Partially Achieved	19	4.3	6.6
	Not Achieved	17	3.9	6.0
	Total	287	65.3	100.0
Missing	Not Applicable	153	34.7	
Total		440	100.0	

Additional data on this general outcome area come from the Annual Report Cards. These data have to do with the timeliness of various types of health assessments made by the Division once a child is taken into foster care. Depending upon the condition of the child at the first encounter with a caseworker, all foster children receive an "initial health screening" within 24 or 72 hours of initial contact. These initial assessments were completed in a timely fashion in around 90 percent of cases in SFY 2003, but these percentages declined to around 80 percent by SFY 2007.

TIMELINESS OF HEALTH ASSESSMENTS OF CHILDREN IN FOSTER CARE, STATE FISCAL YEARS 2003 THROUGH 2007

HEALTH ASSESSMENTS OF CHILDREN IN FOSTER CARE BY TYPE OF ASSESSMENT

TYPE OF ASSESSMENT	PERCENTAGE OF CASES IN WHICH ASSESSMENT WAS MADE WITHIN REQUIRED TIMEFRAME				
	STATE FISCAL YEAR ENDING JUNE 30 OF:				
	2003	2004	2005	2006	2007
24-HOUR INITIAL HEALTH SCREENING	88	84	87	81	82
72-HOUR INITIAL HEALTH SCREENING	92	90	85	80	81
COMPREHENSIVE HEALTH ASSESSMENT	89	92	84	83	58

In addition to the initial health assessments, all foster children should receive a "Comprehensive Health Assessment" (CHA) within 60 days of entry into care. CHAs are

conducted by multidisciplinary teams of health professionals from the Department of Pediatrics at the University of Arkansas for Medical Sciences (UAMS). The data in the above table indicate that the percentage of CHAs that are completed within the required 60-day interval has declined over the past four years, from 89 percent in SFY 2003 to 83 percent in SFY 2006; this percentage dropped even more sharply in SFY 2007, with only 58 percent of CHAs completed within 60 days. DCFS Area Managers report that the UAMS CHA teams have just "been swamped" by the increases in children entering foster care over the past five years.

Data on the two specific items that make up this general outcome domain are presented below.

Item 22: Physical health of the child. How does the agency ensure that the physical health and medical needs of children are identified in assessments and case-planning activities and that those needs are addressed through services?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-C - The Division of Children and Family Services shall ensure that all necessary medical services are provided to children receiving out-of-home placement services. Foster parents will play an integral role in meeting the child's health needs. An initial health screening will be held. If the initial screening indicates that treatment or further evaluation is needed, DCFS shall ensure that such treatment or evaluation is promptly provided. Each child who enters the custody of DHS shall receive an initial health screening, not more than 24 hours after removal from home, if the reason for removal is an allegation of severe child maltreatment under Ark. Code Ann.§ 12-12-503 (10), or there is evidence of acute illness or injury all other children who enter the custody of DHS receive an initial health screening no more than 72 hours after removal from home.

FSPPM Policy Section VI-D - A comprehensive health assessment of each child shall be completed within sixty (60) calendar days of removal from home. The assessment shall be conducted under the supervision of a physician and a qualified mental health practitioner. Whenever possible, the Family Service Worker, Health Services Specialist, family, and foster parents shall be involved in the assessment to ensure as much information about the child as possible is available to the examining professionals.

A written plan specifying any conditions requiring treatment, the recommended treatment, the schedule for treatment, the names of health care providers responsible for treatment, and the results of treatment as it occurs shall be completed and updated periodically. This plan shall be provided to the child's birth parents and foster parents. The birth parents shall be informed about any medical treatment scheduled for their child and shall be involved in and informed about their child's health care.

A Medical Passport will be completed for each child in an out-of-home placement. The Medical Passport is a brief, readable, and current summary of the child's health history and current health status for use by present and future caretakers of the child.

How did the Division perform in the first round of CFSRs?

This time was noted as an area needing improvement as there were several inconsistencies noted regarding assessment and follow up of health services for in-home cases. The physical health of youth in FINS cases was rarely addressed in some sites. There were cases in which health needs were identified but there was insufficient follow up regarding these needs.

What do data show about the Division's performance in the current round of CFSRs?

More recently, QSPR reviewers rated the Division's performance in the area of physical health to be a "strength" in almost 92 percent of the cases for which this item was applicable.

QSPR ITEM 22: Physical health needs and services.

		Frequency	Percent	Valid Percent
Valid	Strength	245	55.7	91.5
	Area Needing Improvement	23	5.2	8.5
	Total	268	60.9	100.0
Missing	Not Applicable	172	39.1	
Total		440	100.0	

Item 23: Mental/behavioral health of child. How does the agency ensure that the mental/behavioral health needs of children are identified in assessments and case-planning activities and that those needs are addressed through services?

What is the Division's policy regarding this item?

FSPPM Policy Section VI-D - Following the initial screening and comprehensive health assessment, the Division shall ensure that periodic medical, dental, mental health, vision, and hearing evaluations are conducted by qualified providers, according to the periodicity schedules adopted by the Arkansas Department of Health.

How did the Division perform in the first round of CFSRs?

This item was noted as an area needing improvement. Case examples found in which a provider's recommendations for services were not followed. Mental health needs were not assessed or addressed in case documentation or case plans for FINS cases. In-homes cases also presented several situations in which mental health needs were not assessed for parents or some children who were displaying behavioral problems. Some foster parents raised concerns for mental health assessments and follow up for children in their care that were not addressed.

What do data show about the Division's performance in the current round of CFSRs?

Recent data on the Division's effectiveness in assessing the mental health needs of children in foster care and providing appropriate services come from the QSPR. This

area was rated as a "strength" in 90 percent of the cases for which this item was applicable.

QSPR ITEM 23: Mental health needs and services.

		Frequency	Percent	Valid Percent
Valid	Strength	232	52.6	90.1
	Area Needing Improvement	25	5.8	9.9
	Total	257	58.4	100.0
Missing	Not Applicable	183	41.6	
Total		440	100.0	

In addition, our contract with the UAMS Department of Pediatrics specifies that they do follow-ups to see if recommendations for services that were made in the CHAs were actually being made by DCFS caseworkers. Each month, a random sample of new foster children from each of the 10 DCFS Service Areas is selected and UAMS staff look for evidence that CHA recommendations are being followed. Data from the four most recent SFYs show the percentage of sampled children for whom CHA recommendations had been completed within three months of the CHA itself.

In SFY 2004, CHA recommendations had been followed in 81 percent of the cases, in SFY 2005, this percentage had dropped to 67 percent. Over the next two SFYs, completion rates increased, to 73 percent in SFY 2006 and 77 percent in SFY 2007.

Summary Assessment of Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs. The Division is committed to providing the essential medical and mental health services for children placed in foster care. Each area has designated staff who have a background in the medical field; Areas II, V and X have an Registered Nurse staff who oversees the medical needs of the children in their areas; other areas have some equivalent LPN or staff with some medical background. These staff assist with setting up the medical visits, setting up the identified referrals to additional medical appointments, and monitoring reports prepared by the UAMS clinics to assure children are seen timely and that referrals for additional services are scheduled and provided.

For the most part, this is one of the division's strengths. Whenever there are problems with getting the services for the child, it is either not available due to staffing or the worker may not have followed up on the referral for the service. The Division has a strong monitoring system and staffing to assure that children who come into care receive an initial health screening, a comprehensive health assessment and follow-up on any additional recommended services.

The Division needs to assure staffing is sufficient so that workers can build relationships with the medical and mental health professionals and that all staff have the skills to develop those professional helping relationships. We need to continue to develop greater expertise in the areas of education and mental health among our staff and the families we serve and develop even stronger linkages between the DCFS child welfare professionals and the education, medical and mental health professionals. In addition the Department is working with the governor-appointed Children's Behavioral Health Care Commission to to develop systems of services that will include the appropriate services and placement needs of children in foster care.

The Commission is intended to accomplish the following:

- Ensure that children, youth and their families are full partners in all aspects of the system of care;

- Revise Medicaid rules and regulations to increase quality, accountability and appropriateness of Medicaid reimbursed behavioral health care services;

- Define a standardized screening and assessment process designed to provide early identification of conditions that require behavioral health care services; and

- Develop an outcomes-based data system to support an improved system of tracking, accountability and decision-making.

Section IV – Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

What is the Division's policy regarding this item?

FSPPM Policy I-D (Official Record Keeping) states "The official record of child welfare information for DCFS is maintained through the Children's Reporting Information System (CHRIS). The CHRIS Unit is a part of the Division of Administrative Services, Office of Technology, which is responsible for the enhancement of the CHRIS application, data monitoring, Help Desk functions, and some specialized training. CHRIS is fully automated and is a worker-based child welfare information system. The Family Services Policy and Procedure Manual (FSPPM) include the data input instructions for the CHRIS application. A hard copy file of case information will be maintained for data not in CHRIS in the local county office. Hard copy files will be created, if necessary for case review."

Description of the system.

Since 1997, the Division has operated a statewide automated child welfare information system (SACWIS) known locally as the **CH**ildren's **R**eporting and **I**nformation **S**ystem (CHRIS). It is one of six (6) state systems that have achieved SACWIS compliance and only needs to finish implementation of its AFCARS Improvement Plan to be considered totally SACWIS compliant.

CHRIS is statewide and accessible to all county offices, and, per DCFS policy, DCFS staff must document all casework activity in CHRIS. It is also accessible to the Crimes Against Children Division (CACD) of the Arkansas State Police, who operate the state's Child Maltreatment Hotline and serves as the Central Registry for substantiated child maltreatment reports. All calls and reports completed by CACD are tracked in the system.

CHRIS is a fully longitudinal database that permits tracking of children from the time they enter the child welfare system through the time they leave the system. For children who enter the system because of a maltreatment referral, CHRIS can be used to track the child and other family members through the maltreatment investigation to a final disposition, and then to any protective service (PS) case that may be opened as a result of the maltreatment incident. Court ordered protective services, cases opened for Family in Need of Services and any supportive service (SS) case is also entered into the system, and is trackable until the case is closed.

Upon the opening of a DCFS service case or the removal of a child from home (whichever occurs first), the following information is collected and entered into CHRIS:

1. Basic Client Information. For each member of the family and household, basic demographic characteristics, relationships among family/household members, and an initial Health/Safety/Risk Assessment (HSRA) are recorded.

2. Family Strengths, Needs, and Risk Assessment (FSNRA). Within 30 days of the opening of a case, caseworkers must conduct a comprehensive FSNRA which identifies needs of the family, risks concerns and assesses the family and all child (ren) in the home. The results of the FSNRA are entered into CHRIS and, due to a recent CHRIS enhancement, are automatically linked to a screen in which a case plan is developed.

3. Case Plans. Also within 30 days of the opening of a case, caseworkers must complete an initial case plan for the family. As noted above, the case plan screen is automatically linked to information collected in the FSNRA, so that the case plan can be developed and services recommended on the basis of the individual family's unique strengths, needs, and the degree of potential risk to the health and safety of all children in the family. Case plans are completed on all service type cases served by the Division. Case plans must be reviewed every six months and adjusted as appropriate, and the system maintains a cumulative listing of all case plans that have been adopted for the family throughout the life of the case.

4. Service Screens within CHRIS capture information on any services for which family members have been referred or ordered by the courts as well as the dates on which the services were received and/or progress on completing the service. Information on services is collected for all types of cases, including PS cases, SS cases, and foster care cases.

5. Provider Screens capture information about the providers of any services to DCFS clients, including the dates and types of services for which a provider has been engaged.

6. Court Screens capture the various court hearings, hearing dates, judicial determinations, court orders, and the judges conducting the hearings. The Court Screens also capture the involvement of any CASA volunteers and attorneys-ad-litem.

7. Contact Screens capture DCFS staff visits with the child/family, the dates of such contacts, the purpose, type, and locations of the contacts. The Contact Screens also identify the specific clients involved in the contact and permit the entry of a narrative description of the contact.

For children who have been removed from home, additional information is collected within CHRIS:

1. Removal Screens capture the date, time, and reasons for any removal. Once a child achieves permanency or otherwise exits from foster care, the date, time, and exit reasons are also entered into the Removal Screen.

2. Placement Screens capture the date, time, and type of all placements experienced by a child during his or her stay in foster care. If a child experiences a change in placement, the date, time, and type of the new placement is recorded, along with a reason for the exit from the previous placement. Information on placements is also maintained on a cumulative basis, so that one may track the placement history of all children in foster care. Trial home visits and runaway episodes are also recorded in the Placement Screen.

3. Placement Resource Screens capture information about the type of placement and the dates for which the placement resource has been approved, and any information about home studies, evaluations and reevaluations, and all required background checks. Placement resource information is collected for all foster and adoptive homes.

4. Placement Plan Screens capture the plan for the child in his or her current placement.

5. Visitation Screens capture the date, time, and reasons for all visits between foster children and their relatives (parents, siblings, grandparents, etc.).

In addition to providing basic case management and information capabilities, there is a "CHRIS Net" site that provides informational reports available to all authorized CHRIS users. CHRIS Net reports are refreshed nightly so that they always provide up-to-date information. These reports are

used for performance monitoring and ensuring data quality. A report is generated that details the utilization of reports with the name of person, frequency of access and other information. The reports are usually sorted by DCFS Service Area, county, and worker, and are organized under these major categories:

1. Referrals – Screened Out, DCFS Referral for Assessment, or Accepted For Investigation
2. Investigations – Overdue, Completed, or specific child maltreatment allegations
3. Cases – Child Protective Services (Foster Care), Child Protective Services (In-Home), Interstate Compact (In-State), Interstate Compact (Out-of-State), Supportive Services, ICAMA, Independent Living Program, and Adoption.
4. Placement Resource Providers – on Foster Families, Adoptive Families, Emergency Shelters, Residential and Comprehensive Residential Facilities, and Temporary Family Placements.
5. Staff – identification of CHRIS Users providing specific information and security levels
6. These various reports can be generated for State, Federal, and Calendar Years.

Apart from DCFS staff, CHRIS is also accessible to selected staff at Arkansas Children's Hospital (ACH), who conducts Comprehensive Health Assessments for all children entering foster care. CHRIS is also accessible to staff at the MidSOUTH Academy, an affiliate of the School of Social Work at the University of Arkansas at Little Rock that provides CHRIS training to DCFS staff. Limited CHRIS access is provided to contracted service providers through the Contracted Financial Management (CFM) and Provider Information Entry (PIE) interface; this interface allows providers to bill for their services electronically and allows placement information about children in foster care to be updated automatically.

Since the first CFSR, there have been several enhancements and improvements to the system. Listed below are some of the more important redesigns of the CHRIS application screens:

1. Provider Screens to better capture foster families and adoptive families approval, eligibility, and re-evaluation requirements; also, to show the board rate of provider so the user doesn't have to guess at the amount when making a placement.
2. Family Strength, Needs, and Risk Assessment (FSNRA) and Case Plan Screens to better capture the family's unique characteristics and circumstances and develop case plans that are more responsive to those conditions.
3. Eligibility and Medicaid interfaces with CHRIS allow DCFS to better track foster children's IV-E and Medicaid status.
4. Child Support Enforcement interface with CHRIS.
5. Implementation of a Web-Inquiry for Prospective Foster and Adoptive Parents to better monitor the activities of prospective families from inquiry to approval of their homes was completed in 2004.
6. Implementation of the Contracted Financial Management (CFM) and Provider Information Entry (PIE) was completed in 2006.

How did the Division perform in the first round of the CFSRs?

Arkansas was found to be in substantial conformity. Per the federal report, "the system can readily identify the status, demographic characteristics, and location and placement goals for every child in the state's foster care system currently and in the immediately preceding 12 months."

What are the strengths and promising practices that the child welfare system has demonstrated in terms of the statewide information system?

Implementation of a Web-Inquiry for Prospective Foster and Adoptive Parents to better monitor the activities of prospective families from inquiry to approval of their homes was completed in 2004. From the Department of Human Services general public website, anyone interested in fostering or adopting can input their identification information so that someone can contact them and set them up for an appointment. The system also alerts the county with and email notification so that the appropriate staff and supervisor can make the necessary contact with the person who inquired. The system includes CHRIS Net, which was added in is a web-enabled resource for the Division of Children and Family Services' staff and others working in support of Arkansas families. Located on the left hand side of the screen is a table of contents to the separate pages of information that includes access to; key publications, key reports, Family Services Policy and Procedure Manual, agency directives, and key agency forms.

Stakeholder Assessment

During focus sessions with field staff, staff indicated that the CHRIS system has the necessary information and provides the required fields of data. It is generally accessible and efficient. In a survey of CHRIS users, 15 percent of respondents rated the system as "very effective," 50 percent described the system as "somewhat effective," and 34 percent felt it was "rarely effective." Staff stated the system has come a long way since the old system and hard copy files. They also stated that there are continual improvements being made to the system since it was first implemented in 1997.

There are still areas of redundancy, multiple screens to complete information, inflexible, and some of the pick lists do not relate to the families and children being served, their needs and/or their issues. For example, staff would like to see a specific case type code for Families in Need of Services (FINS cases) captured in the system. All screens do not need to be completed at one time; however there are situations in which staff gather additional information and the system will not allow saving the portion that has been entered. Staff struggle with completing the Family Strengths and Needs Assessment as this is not flexible (especially if one cannot finish the entire assessment in one session) and very lengthy to complete. Adoption staff felt that some of the child's history from the foster care case needed to be automatically moved into the adoption case record.

While the system has some advantages and provides the necessary data to meet AFCARS, NCANDS and SACWIS requirements, it is still problematic because it did not displace the numerous forms and reports that the field staff still must complete. CHRIS has significantly increased the time it takes workers to do "paperwork." Some screens are being used to collect data elements (pick lists) that should be text fields.

There are areas of documentation that are required to be addressed by law - such as viewing the place where the child lives during an investigation - that do not have a specified place for documentation. This information, for instance, is usually documented in the child interview but you really did not interview the house or apartment. Many pick lists are inadequate because they are being used to try to capture elements that lend themselves to narrative descriptions. If you make the pick lists too long, staff tend to pick the first couple of choices and not scroll down

through the entire 40 choices, especially if they do that once only to find the selection they need is not there.

The number of screens for a given task or function will illustrate the magnitude of this system.

Function	Number of screens
Staff Organization	29 – information about each staff person entered by supervisor
Provider	71 – foster, adoptive family information as well as other service providers
Training	40 – information about each staff person about their training attendance; some of the information is electronically entered if it is part of the IV-E partnership and MidSOUTH Academy training. If it is any other training, the supervisor enters the data
Investigation	113 – narrative, interview screens, siblings, relationship screens, abuse neglect allegation, to name a few
Case	203 – general information, client, employment/ education, finances, health to name a few
Adoption case	25
To search	18 screens
Reports	screen to pull up and print case plan, health information, FSNRA to name a few forms
Other screens	workload – 29, referral log - 5, information and referral screens - 5, inbox screens – 12, supervisory approvals - 3 screens

New workers do not receive training on the system although this will change as MidSOUTH Training Academy will be providing training to all newly hired Family Service Workers.

"A SACWIS was, and still is, expected to be a comprehensive automated case management tool that supports social workers' foster care and adoptions assistance case management practice." Throughout the SACWIS Assessment Review Guide the words "efficient and effective" are noted when reviews are conducted on these information systems. The Division needs to assess CHRIS to determine is it truly efficient and effective. Part of the process of the CFSR is to examine the Statewide Information System and seek input from the folks that not only use it, but are measured by it, held accountable for what does or does not get done, understand the day to day work with the system and how it impacts case practice.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

What is the Division's policy regarding this item?

The case plan is a written document that is a discrete part of the case record between the family and the Division of Children and Family Services that outlines a plan of services. It addresses the family's needs, building on the family's strengths, and outlines the roles and responsibilities of all involved parties.

Among the other policy requirements regarding case plans are the following:

1. Initial case plans must be completed within thirty (30) days of the opening of a service case or a removal from home, whichever occurred first.
2. The case plan will be developed only after a thorough assessment of a family's strengths and needs.
3. The family shall be the primary source of information. The case plan shall be developed with the involvement of family, the age-appropriate children, the foster parents, the Attorney ad litem (if there is court involvement), the Family Service Worker and any other involved parties.
4. The health and safety of a child must be included in case planning and case reviews for children in out-of-home placements.
5. No child in an out-of-home placement shall have a case plan goal of reunification for longer than twelve (12) months, unless otherwise ordered by the court.
6. The Division will ensure timely permanency for children entering out-of-home placements. Concurrent planning includes working towards the goal of returning the child to the parents while concurrently working on alternative permanent placements. Concurrent planning will be done for all out-of-home placement cases except for those cases where the court determines no reasonable efforts to provide reunification services. The level and degree of concurrent planning will be on a case by case basis.

How did the Division perform in the first round of the CFSRs?

This item was rated as an area needing improvement because case plans were considered "cookie cutter", and all significant parties were not included or engaged in the development of the plan.

Stakeholder Assessment

While the Division has comprehensive policy regarding case plans and regular reviews and provides training on case planning and engaging both parents and the age appropriate child, field staff indicated that involvement of the mother, father, and age-appropriate child(ren) is not always occurring. Most of the engagement and involvement of developing the plan includes the mother in the development and identifying service needs of the family.

In focus sessions conducted with our field staff, when asked how effective the Division is in ensuring that each child has a timely written case plan that includes the needed services and is

developed with their input, 17 percent of staff rated the system as "very effective," 55 percent described it as "somewhat effective," and 24 percent felt it was rarely effective.

Staff noted the following issues and barriers regarding the case planning and review process:

1. Staff do not want to take children out of school to participate in case plan development.
2. Time to complete the case plan within 30 days of the case opening is difficult and staff stated they "get it done to meet the time frames in policy."
3. Sensitivity of the reasons children were brought into care e.g. (sexual abuse)
4. Attorneys Ad Litem and/or CASA volunteers help get the child engaged in developing or participating in developing the plan.
5. Staff feel that the children do not care or want to participate in developing the plan.
6. Several staff stated that they used conference calls with other team members of the case when the child was placed out of county.

A focus session was conducted with the Foster Youth Advisory Board with fifteen members in attendance. Additionally, a focus session was conducted with an Independent Living Skills session in Pulaski, and six (6) foster youth were in attendance at this session. With both groups, it was asked if youth participated in development of and received a copy of their case plan. Eleven of these youth (just over 50 percent) indicated that they had received a copy of their case plan, and similar percentages indicated that they participated in the development of the plan and that the plan identified the services they needed. However, they stated that their worker should fulfill their promises and that they be able to get in touch with their worker. Youth also noted that they do not want to be visited at school.

A focus session was conducted with the Pulaski Foster Parent Support group. There were 15 foster parents attending this meeting. Foster parents at this meeting were asked, "Were you provided notification and/or given an opportunity in the development of the plan?" Of those providing input into this question, seven foster parents stated that they had not received a copy and three indicated that only at court or during the staffing. Not all of the foster parents are invited to attend staffings.

At a focus session conducted at the Therapeutic Foster Care Providers Association meeting, providers were asked if children placed in their homes were provided a copy of their case plan, they stated that the plans were not always included in the packet when children moved into one of their homes, there was not enough information in the plan, and it was not always updated when changes occur in the child's situation.

A focus session was conducted with the Office of Chief Counsel, agency attorneys who represent the Division: ten (10) attorneys were in attendance. When agency attorneys were asked if the child receives a copy and/or is the child involved in the development of the case plan, they indicated that in most cases they do not attend meetings to develop case plans and in the instances that the child did attend the meeting the child did not receive copy of case plan Overall the kids know what the case plan is, but may not have seen it. Most children do not have input into their case plan. In some cases judges do not let children attend court hearings. Overall the kids know what the case plan is, but may not have seen it. Most children do not have input in their case plan.

A survey was distributed to DCFS foster parents attending a Division-sponsored conference as part of the conference packet in October, 2006. Approximately 120 DCFS foster parents attended the conference, and 86 participants completed and turned in the survey. The survey contained 25 opinion statements in which the respondents could choose from 5 choices. The Likert scale was used in this survey and allowed the respondent five possible answers on a scale from strongly disagree to strongly agree with a middle answer of undecided. When asked to indicate whether they agreed with the statement, "I have been involved in planning the services to meet the needs of children in my home," 72 percent of the foster parents completing the survey felt that they had been involved.

The Division's PIP Strategy 1 was to improve the case assessment and case planning. The key to effective child welfare practice is a good family assessment and development and implementation of an appropriate case plan. DCFS has a number of automated practice tools that have been adopted over a number of years, including a Health and Safety Assessment, Risk Assessment, Family Strength and Needs Assessment and Case Plan. These tools were enhanced to not only collect, but may not be systemically linked, evidence based or family or worker friendly. We have made a number of strides in this effort but feel that the work has not been completed. An evaluation of the system was completed, and Executive staff are currently reviewing the information. Additionally a work group has been formed to look at the FSNRA and the Case Plan.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

What is the Division's policy regarding this item?

The status of each child in an out-of-home placement, including children placed out-of-state, shall be reviewed no less than every six months by a judicial review to: (1) determine the safety of the child, the continuing need for and appropriateness of the placement, (2) determine the extent of compliance with the case plan, (3) determine the extent of progress made toward alleviating or mitigating the causes necessitating the placement, and (4) project a likely date by which the child may be returned and safely maintained at home or placed for adoption or legal guardianship. Pertaining to Title IV-E eligibility requirements, the judicial review is conducted by court review, not an administrative review process. During each six-month review, the court shall make determinations based upon the best interest of the child. The best interest of the child shall be paramount at every stage of the judicial process.

The Case Review System includes the requisite components; written case plans, involving parents and age appropriate children and reviews; six(6) month judicial reviews – in some judicial districts are held every 3 months; permanency hearings and TPR proceedings are consistent with the Adoptions Safe Families Act. Both Arkansas Code and the Division's policy clearly address all items and procedures and paperwork are in place to assure compliance.

How did the Division perform in the first round of the CFSRs?

This item is determined to be a strength. Courts do hear cases at least quarterly and some are back in court even more frequently. Subsequent hearings are often set at the conclusion of a current hearing so that all parties are aware of expectations.

Stakeholder Assessment

During the focus sessions with attorneys ad litem, they stated that the OCC agency attorneys are good about attempting to have timely hearings. AAL's noted that there were not enough court dates to hear everything that needs to be heard.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

What is the Division's policy regarding this item?

FSPPM Policy VI-F – Each child in an out-of-home placement, including children placed out-of-state, shall have a permanency planning hearing within 12 months of the date the child is considered to have entered foster care and not less frequently than every 12 months thereafter during the continuation of foster care. A permanency hearing shall also be held after a child has been in an out-of-home placement for fifteen (15) of the previous twenty-two (22) months, excluding the time spent while the child is on a trial home placement and runaway status. Following a probable cause hearing, an adjudication hearing shall be held to determine whether the allegations in a petition are substantiated by a preponderance of the evidence. The dependency-neglect adjudication hearing shall be held within thirty (30) days after the probable cause hearing under A.C.A. § 9-27-315, but on motion of the court and parties for good cause shown it may be continued for no more than thirty (30) days following the first thirty (30) days. However, the adjudication hearing shall not be completed more than sixty (60) days after the probable cause hearing.

In dependency-neglect cases, a written adjudication order shall be filed by the court within thirty (30) days of the date of the hearing or prior to the next hearing, whichever is sooner. The Office of Chief Counsel is responsible for drafting and filing court orders with the court no later than seven (7) days prior to any scheduled hearing. The court can determine the case disposition at the adjudication or at a separate hearing. A disposition determines what actions the agency will take in the case. A judicial determination as to whether reasonable efforts were made or were not required to prevent removal must be made no later than sixty (60) days from the date the child is removed from the home.

How did the Division perform in the first round of the CFSRs?

This item is determined to be a strength. The Office of Chief Counsel is very diligent about filing and scheduling permanency hearings. Permanency hearings, especially the initial permanency hearings, are being held in a timely manner across the state of Arkansas.

Stakeholder Assessment

In some of the areas, DCFS Area Managers and field supervisors are having quarterly meetings with judges in an attempt to improve the quality and effectiveness of permanency hearings. Focus sessions with Office of Chief Counsel agency attorneys and Attorneys Ad Litems stated that permanency planning hearings were being conducted timely. The Administrative Offices of

the Court conducted a reassessment of the courts process in handling dependency-neglect and foster care cases.

The Division was found to be in substantial conformity. The one area determined to be an area needing improvement was the requirement pertaining to having written case plans developed jointly with the child's parents.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its case review system?

The Administrative Offices of the Courts conducted a retreat with involvement by Division staff and foster and adoptive parents to develop "best practice" cards. Each group worked on what they thought was best practice for the position or role that they play in the court room. The best practice cards for foster parents and DCFS workers were developed and have been disseminated to staff and foster parents. Some of these include an Adjudication/Disposition Hearing Checklist, a Permanency Planning Hearing Checklist, a Probable Cause Hearing Checklist, and a Fifteenth Month Review Hearing Checklist,

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

What is the Division's policy regarding this item?

FSPPM Policy section IV-F details and follows the Adoption Safe Family Act; the court determines that reunification services shall be terminated; the court shall hold a permanency planning hearing within thirty (30) days after the determination. If the court determines the permanency goal to be termination of parental rights, the Department shall file a petition to terminate parental rights within thirty (30) days from the date of the entry of the order establishing such goal. The court shall conduct and complete a termination of parental rights hearing within ninety (90) days from the date the petition for termination of parental rights is filed, unless continued for good cause.

How did the Division perform in the first round of the CFSRs?
This item is determined to be a strength. On-site reviewers found evidence of TPRs having been filed in several cases. Documentation of compelling reasons seems to be understood by some staff and such documentation was found in some case records.

Stakeholder Assessment

Focus sessions conducted with Office of Chief Counsel agency attorneys and AALs when asked how effective is the state in filing TPR proceedings in accordance with ASFA, both groups noted that the state effective in filing TPRs.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

What is the Division's policy regarding this item?

FSPPM Policy section IV-F states that the Department shall provide the foster parent(s) of a child, and any pre-adoptive parent or relative providing care for the child with timely notice of, and an opportunity to be heard in, permanency hearings and six-month periodic reviews held with respect to the child during the time the child is in the care of such foster parent, pre-adoptive parent or relative caregiver.

How did the Division perform in the first round of the CFSRs?

This item is determined to be a strength. Stakeholders indicate that foster parents are receiving notice of reviews and hearings regarding the children in their care. The automation system (CHRIS) provides caseworkers with reminders to send notices to all significant parties in foster care cases.

Stakeholder Assessment

The CHRIS system provides ticklers to alert staff to send out notices of hearings and reviews for children in foster care. The COR monthly report provides by area and county information about what was not documented in CHRIS regarding notification of court notifications. In some instances this is provided and in some this is not provided in a timely manner. Many staff indicated that due to the volume of their caseloads that this was one area needing improvement. In focus groups with foster youth and foster parents, some indicated that they did receive notice, and some stated that they did not receive notice or if they did it was not in a timely manner. Judges in some cases do not let children attend hearings.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

What is the Division's policy regarding this item?

DCFS has Standards for Approval of Family Foster Homes, which include safety standards. The state also has Minimum Licensing Standards for Child Welfare Agencies, developed in conjunction with the Child Welfare Agency Licensing Board. The Licensing standards address the safety issues for foster homes and require the agency that approves the foster home to conduct quarterly monitoring visits, annual re-evaluations, and re-evaluations each time there is a major life change in the home (e.g., death, divorce, marriage).

Statewide Assessment

The previous Division Director made the decision that DCFS will be a licensed Child Placement Agency and the Division was licensed in December of 2002. The Child Welfare Agency Licensing Unit conducts annual reviews of foster home files in each DCFS area and provides a report. In 2004, this unit began reviewing 100% of all files. Each area develops a corrective action plan to correct these deficiencies. In addition, this Unit conducts physical inspections of foster homes noting any safety or hazards, and other licensing issues. Recommendations are made to request the home meet standards and some homes have closed as a result of the on site inspection.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

How did the Division perform in the first round of the CFSRs?

Reviewers determined that standards were in place to ensure that children in foster care are provided quality services that protect their safety and health, and that the Division was operating an identifiable quality assurance system. Both areas were determined to be strengths in Arkansas and the state was determined to be in substantial conformity with the overall systemic factor.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of its case review system?

The Division maintains its own Quality Assurance (QA) staff of four persons (plus a QA Unit Manager), and contracts with Hornby Zeller Associates, Inc. for additional QA services. As noted in Systemic Factor A (Statewide Information System), CHRIS staff generate a number of reports that are available on-line through CHRIS Net, and these reports are useful for performance monitoring and improving data quality.

DCFS QA staff conduct the ongoing Quality Service Peer Reviews (QSPRs) that were described in greater detail in the "Data Sources" section of Section III of this document. As noted in Section III the QSPRs were initiated as part of the Division's PIP after the first round of CFSRs to provide ongoing measurement of the outcome domains that form the basis of the CFSRs: safety, permanency and child and family well-being. DCFS QA staff also provide "trouble-shooting" services on an ad hoc basis to parts of the state that are experiencing particularly notable problems.

Additionally, the Division created an online Supervisory Case Review process. Supervisory Case Review (SCR) is an in-depth review of the direct service work performed by the caseworkers with their families. At least quarterly, each caseworker and his or her supervisor review each case to evaluate the family's progress toward achieving their case plan goals. SCR is used by DCFS field staff and management to determine progress with meeting case and CFSR goals. It includes an evaluation of the child and/or family's progress toward achieving case plan goals and any issues or needs of the child and family receiving services.

DCFS' in-house QA capabilities are supplemented by Hornby Zeller Associates (HZA), which maintains an onsite staff of seven persons. HZA produces a number of regular and ongoing performance monitoring reports for the Division including the Quarterly Performance Reports (QPRs) and Annual Report Cards (ARCs) that were also described in the "Data Sources" section of Section III. In addition to the QPRs and ARCs, HZA also produces a monthly Compliance Outcome Report (COR) which tracks performance on 35 measures down to the level of individual caseworkers. The various performance indicators reported in the COR, QPR, and ARC were developed collaboratively between DCFS and the state legislature, but were also designed to be consistent with state and federal laws and policies as well as generally accepted best-practice standards.

In addition to producing the regular performance reports listed above, HZA also produces a number of "special studies" on topics of particular interest to DCFS Executive Staff. Among the special reports produced by HZA for DCFS in recent years are:

1. Multiple Placements for Children in Foster Care (2002)
2. Meeting the Mental Health Service Needs of Children in DCFS Foster Care (2003)
3. The Overrepresentation of African-American Children in Foster Care in the State of Arkansas (2003)
4. Re-Entries of Children into Foster Care in Arkansas (2003)
5. An Evaluation of the Proposed "Levels of Care" System for the Setting of Foster Care Board Rates (2005)
6. An Evaluation of Child Maltreatment Investigations (2006)
7. An Analysis of Garrett's Law Referrals, June 2005 through May 2006 (2006)
8. An Evaluation of the Arkansas Independent Living Program (2007)
9. An Evaluation of Case Plan Policy (2007)

The contributions of these various groups provide the Division with a wide array of performance monitoring and quality assurance tools and mechanisms.

D. Staff and Provider Training

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

What is the Division's policy regarding Items 32, 33 and 34?

Staff Training: All new Family Service Worker staff shall begin new worker training within the first 2 weeks of hire, or when a new worker training has been scheduled. This training consists of consisting of twenty-two days (132 hours) of classroom instruction, conducted over a ten-week period. Classroom instruction consists of training in Family Centered Practice (to include cultural diversity), Dynamics of Maltreatment, Effects of Abuse on Human Development, Casework Communications, Effects of Separation and Placement, Child Maltreatment Assessment, Foster Care – Out-of-Home Placements, and Case Management, Assessment, Planning, and Coordinating Efforts. Due to the intensity of the new worker training and assigned on-the-job training requirements and responsibilities, the FSW trainee shall carry a maximum workload of five (5) secondary cases. In SFY 2006, the past year, fifteen FSW new staff training events was conducted involving 188 participants.

Family Service Workers are required to complete 24 hours of training during the year. An Individual Training Plan is developed once the Family Service Worker completes the new worker training which will outline suggested areas of training needed for the individual. The IV-E partnership assigns a mentor to assist and help uring the Family Service Worker's first year once training has been completed. The CHRIS system maintains information about training provided by MidSOUTH and the IV-E Training partnerships. The MidSOUTH and IV-E training partnerships provide calendar information about training available. Other training attended by the worker is entered into the CHRIS system by their supervisor. There are a number of opportunities for staff to attend training

Foster and Adoptive Parent Training: FSPPM Policy VII – A The Division shall place children in approved foster homes where the foster parents have satisfactorily completed the Division's pre-service training curriculum, have been cleared through the Central Registry and through a local and state criminal records background check.

All prospective foster and adoptive applicants are required to attend the Foster/Adopt **PRIDE** (**P**arents' **R**esource for **I**nformation, **D**evelopment, and **E**ducation) training curriculum which consists of nine three-hour modules totaling 27 hours of instruction. Each foster parent shall annually participate in a minimum of 15 hours of approved training. All foster and adoptive

parents are required to attend classes and be certified in first aid and CPR. In the past year, fifty-five Foster/Adopt PRIDE training events were conducted for 948 persons.

How did the Division perform in the first round of the CFSRs?

Arkansas was found to be in substantial conformity. Per the federal report: "The State has invested significant resources in providing initial and on-going training opportunities for caseworkers and foster care providers. The State's training academy approach provides a means for consistent delivery of training to staff. In addition, there are local efforts in place that allow less experienced staff to be mentored by tenured staff as they become acquainted with the expectations of their assignments."

What are the strengths and promising practices that the child welfare system has demonstrating in terms of its staff development system?

The DCFS Supervisor/Leadership Training, which was enhanced in 2002, is a competency-based training for new FSW supervisors and program managers consisting of nine days (51 hours) of classroom instruction, conducted over a three-week period. The training also includes a series of on-line tutorials to be completed outside the classroom and purposeful interaction with a field instructor/mentor. Classroom instruction is provided in three segments - Principles of Leadership, Working with Others, and Nuts and Bolts of Supervision. In the past year, three Supervisor/Leadership training events were conducted for 36 supervisors/program managers.

In July of 2006, managers and supervisors from all divisions and offices in the Division began participating in a two-day Leadership program designed to address issues of change, personal empowerment, leadership principles, character, diversity in the workplace, culture, teamwork and decision making. Workshop activities also covered learning about internal and external stakeholders; future-based planning, sponsors, and project management. Each workshop separated into groups and those groups prepared and coordinated a project together. Managers and supervisors within the Division are still attending these workshops.

Depending upon training media selected, training sites may include:

- MidSOUTH Training Center sites in Fayetteville, Jonesboro, Arkadelphia, Monticello, and in Little Rock, AR
- Arkansas Academic Partnership University/College sites (7)
- Seventy-five County Offices housing DCFS staff
- Contracted third-party training sites, such as hotels, conference centers, or municipal or other state facilities

Listed below are additional training initiatives developed since the first round of the CFSR:

Adoptions Staff Training Curriculum –DCFS Adoptions staff and the MidSOUTH Training Academy curriculum development staff are working together to develop a standardized curriculum for the orientation process for Adoption Specialist. This orientation will be curriculum available through classroom and online training. Curriculum is also being developed to provide new workers with information concerning the adoptions process.

ICPC Training is a three-hour training module for ICPC staff. Development of this training material was through a collaborative effort between DCFS staff and the UALR partnership. Training has been held and requests for additional training dates will be scheduled when needed.

Independent Living Coordinator Training - The core training provides support staff, social service aides (SSA), with a wide variety of instructional experiences related to their performance as a member of the child welfare professional team serving children and families in Arkansas. The SSAs attend training 3 days per week over a four-week period. This training focuses on key areas in the knowledge and skill base of the SSA. At the conclusion of training, the SSA will be familiar with concepts associated with the family as a system, family centered services, and the importance of permanency. The Social Service Aide will participate in workshops which cover: basic interviewing skills, conflict resolution, cultural competency, engaging and motivating clients, child development, child health issues, neglect, emotional abuse, physical abuse, sexual abuse, out of home placements, legal training, ethics, community resource development, team building, and time and stress management.

Other Resources - Training is also provided to DCFS staff and volunteers through contracts with the Academic Partnership, DCFS in-house providers, other state, local and federal resources, and private training providers. Training resources include Internet/Intranet sites, compressed interactive video training events (CIV), and lending resource libraries maintained by the Academic Partnership sites. Depending upon the particular training and media selected, training sessions may be conducted at numerous sites throughout the state including MidSOUTH Academy sites in Little Rock, Fayetteville, Jonesboro, Arkadelphia, and Monticello, Arkansas Academic Partnership University/College sites at the University of Arkansas at Pine Bluff, the University of Arkansas at Monticello, Arkansas State University, Harding University, Arkansas Technical University, Philander Smith College, and Southern Arkansas University. Training sessions may also be conducted at the 75county offices and contracted third-party sites such as hotels, conference centers, or municipal or other state facilities.

Program Improvement Plan (PIP) training was completed in 2005, and these PIP topics continue to be available upon request during 2006:

- PIP 1.2.5 and 1.3.5 0- Assessment and Case Planning
- PIP 1.5.2 – Services to youth participating in the Chaffee Foster Care Independence Program (currently available online)
- PIP 1.6.3 – Improving practice in visitation
- PIP 1.7.2 – Visitation with Siblings and Relatives after TPR – Web based training
- PIP 2.6.2 – Meeting the mental health needs of children
- PIP 3.1.6 – Foster parent recruitment and retention – Web based and classroom training (currently available online).

Stakeholder Assessment of New Worker Training Program

Meetings were held at each of the five MidSOUTH Academy sites with assistance from local IV-E partners during the months of March and April of 2007. The purpose of these meetings was to assess the new worker training curriculum, identify the staff's ongoing training needs and make recommendations to the DCFS Executive staff. Stakeholders included workers,

supervisors, Area Managers and IV-E trainers. The New Worker Training curriculum is currently being reviewed and listed below are the barriers and recommendations submitted for consideration:

- Agency and field supervisor may not have operational knowledge of the On-the-Job Training and New Worker Training requirements before and during the training process.
  - o Recommendation: Provide information in DCFS Supervisor Leadership Training

- There is a lack of standardized field instructor support /consistency with new workers during their first year of employment. Some may not receive any mentoring (e.g., Adoptions Specialists or new Resource Workers).
  - o Recommendation: Clarify roles and prepare a list of standardized field instructor responsibilities.

- A supervisor caseload and increasing administrative responsibilities reduces involvement with the trainee during training and orientation.
  - o Recommendation: Review caseload and staff patterns to assure that supervisors have the time to commit to new trainees.

- DCFS staff do not have a general knowledge of the contents of the Division's Training Plan
  - o Recommendation: Publish and provide copies of the Training Plan to all DCFS staff

A multi-tiered approach to training is being considered that would enable staff to take the critical components in the first year and more specialized topics in the second year (e.g., substance abuse issues). Suggested revisions and recommendations were made to the current curriculum and competences.

Recommendations for the training provided to supervisors

As part of the Child and Family Services five-year plan, the Staffing subcommittee was charged with reviewing and making recommendations to revise Supervisor Training Curriculum by June 30, 2009. The current competencies, formal and functional job descriptions of unit and county supervisor positions were reviewed by a committee of field supervisors. Recommendations have been submitted and include adjustments to the current competencies and the addition of competencies on CQI, MIS (report utilization) and ethics. A three tiered approach to the training of supervisors was recommended. The first year will focus on those competencies that are a priority, the second year and third years will focus on more specialized competencies.

Stakeholder Assessment of Foster and Adoption Training.

A survey was distributed to DCFS foster parents attending a Division sponsored conference as part of the conference packet in October, 2006. Over 120 DCFS foster parents attended the conference, and 86 participants completed and turned in the survey. The survey contained 25 opinion statements in which the respondents could choose from 5 choices. The Likert scale was used in this survey and allowed the respondent five possible answers on a scale from strongly disagree to strongly agree with a middle answer of undecided. The survey also included an

open-ended question about the foster parent's suggestions to improve services at DCFS. Responses to the specific questions pertaining to training are shown on the following page:

The pre-service training I received adequately prepared me to be a foster parent.

Disagree 5.82%	Undecided 10.47%	Agree 81.40%	No Answer 2.33%

The training I have received since becoming a foster parent has been adequate and useful.

Disagree 4.65%	Undecided 2.33%	Agree 90.70%	No Answer 2.33%

On-going training has been held at convenient times and places.

Disagree 12.79%	Undecided 12.79%	Agree 63.77%	No Answer 4.65%

Other comments from the survey related to foster/adoptive parent training needs
- Work on retaining existing foster parents rather than recruiting new ones. Conduct exit interviews with foster parents who leave to find out how their expectations have not been met. Make annual re-certification competence-based, rather than training hours attended. If foster parents have the measurable skills to do their work, they do not need to warm a bench for 15 hours every year.
- Let us do more online training to get the required annual training hours.
- I feel that training hours could be reduced for foster parents who have been foster parenting for 5 years. What better training than the experiences we have had as long-time parents of multiple children. Also weekend training with child care provided would be very helpful. After multiple years of fostering, why require training?   I think to a degree we are "over training." Parents don't have to do training hours or CPR.

At the Pulaski Foster Parent Support Group held September 2007, we conducted a focus session with 15 foster parents. The question was asked, "How effective is the initial training and did it include the basic skills and knowledge needed as a foster/adoptive parent?" All participants indicated that the initial training did include the basic skills and knowledge for being a foster parent. One foster parent liked the use of actual foster parents to share experiences. Another foster parent felt it was very theoretical and that the ongoing training was more helpful. One foster parent suggested that the training include more information about foster parent "expectations."

In response to the question, "How effective is the ongoing training and does the training provide additional information that will build your skills and knowledge required as a foster/adoptive parent?" The attendees all felt that they enjoyed the ongoing training and stated that it was beneficial. However they suggested that the Division could improve the training program by:

- Considering providing training online
- Making training more accessible in the rural areas so that families do not have to drive long distances to attend.
- Providing training at a variety of times; (e.g.weekend, at night) .
- Periodically asking foster parents what topics they are interested in for their ongoing training needs.

- Conducting needs assessments of exiting foster parents or ask the Foster Parent Advisory Board to seek input on training topics.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

What is the Division's policy regarding this item?

A comprehensive Family Strengths, Needs, and Risk Assessment (FSNRA) is conducted for each child/family upon the opening of a case. The FSNRA provides the basis for the development of a comprehensive case plan. Compliance with the case plan is monitored and revised as needed. The Division also complies with orders of the court on specific cases. Services gaps are usually addressed through the development of a Purchase Order for needed services not available by contract. For direct services, the agency uses an "assist" team to go into understaffed areas to ensure timely and effective services delivery.

The Division approves and supervises foster homes, and purchases services from licensed child welfare agencies, community mental health centers, individuals licensed for independent practice, and psychiatric hospitals. Services available are: parenting groups and classes, individual and family counseling, drug/alcohol assessment and treatment for parents and foster children, comprehensive and residential treatment for foster children, therapeutic foster care, emergency shelters, respite care for biological families, foster families, and adoptive families, intensive family services and day care.

The services listed above are further described below:

- **Parenting Education Support Groups** - to teach clients appropriate parenting skills and an enhanced knowledge of child/adolescent behavior.

- **Intensive Family Services** (IFS) - counseling and support services aimed at ensuring the safety of all family members while helping the family learn how to stay together successfully. Services are family-centered, behaviorally oriented, immediate, intensive, short-term, in-home, crisis intervention, and family education. This service is provided through contracts with credentialed providers.

- **Counseling Services** are services based on a family-centered approach and are intended to strengthen family functioning. Services may include problem identification and resolution; identification of feasible goals; emotional support and guidance; provision of basic skills for functioning in the community; exploration of possible alternative behavior patterns; and development and strengthening the capacity for personal and social functioning.

- **Comprehensive Residential Treatment** – Intensive therapeutic care for children and youth in a residential treatment facility. The service is provided to children and youth with severe emotional or behavioral problems which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional.

- **Emergency Shelter for Children** - Emergency shelter available on a twenty-four (24) hour basis for up to forty five (45) days in a six-month period for youth whose circumstances or behavior require immediate removal from their home.

- **Language Interpretation Services and Deaf Interpretation Services -** to provide interpretation and translation of foreign languages for DCFS client families. Deaf Interpretation Services are services to provide interpretation for deaf clients. Services are available statewide.

- **Residential Treatment Care**– Twenty-four (24) hour treatment services available for up to a one year for each youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in their own home.

- **Independent Living -** Services to ensure that foster children sixteen years of age or older are provided an opportunity to receive skills which will evoke them to learn to live independently, responsibility, and to be self-sufficient by the time their foster care services are terminated

- **Respite Care Services** are provided to families in order to prevent a disruption in a foster family, an adoptive family, or a biological family. All counties have access to respite services.

- **Specialized Foster Care Services for the Developmentally Delayed Children/DDS Community Based Programs –** Placement services to A severe, chronic disability of a person that is attributable to a mental or physical impairment or combination of mental and physical impairments.

- **Therapeutic Foster Care –** contracted services for intensive therapeutic care for children provided in family homes that operate within a comprehensive residential treatment system or as an adjunct to a mental health center and for which a fee is paid to specifically trained foster families. Children to whom this service is provided have physical, emotional, or behavioral problems which cannot be remedied in their own home, in a routine foster-parenting situation, or in a residential treatment program. All counties have access to these type placements.

- **The School-Based Human Service Worker Initiative**, a collaborative between the DCFS and the local school district locating case workers in the schools, to help children and families. This help is in support of (1) promoting safety and strengthening of our future, our children, (2) supporting community's capacity to produce children who are healthy, children who are in supportive, nurturing, and healthy families, and children who succeed in school; and (3) the Division's family preservation philosophy and family-centered practice.

- **Family Resource Centers** provide support services to DCFS clients and primary prevention services. This support consists of job skill training, housing location, resource referral, and seminars, related to improving life in the community. These centers are

located Marianna, Forrest City, Little Rock, Arkadelphia, Pine Bluff, Dermott and Mountain Home, Arkansas.

- **Citizen Review Panels** - These panels examine policies and procedures of state and local agaencyes, evaluate the exten to which agencies are effectively discharging their child protection responsibilitiew, work with local county office to review major internal issues, review all child fatalities and new fatalitites in their counties. There are three panels currently established.

- **Drug Screens** are court-ordered or DCFS-referred. They are provided on-site by trained agency staff and must be performed under controlled circumstances and within specific timeframes. These are necessary to determine usage of illegal drugs and or alcohol abuse that would impact the safety and well being of children. The services are available statewide.

- **Drug Assessments** are conducted after a positive drug screen to determine the degree of use and/or addiction and to assist in the development of a treatment plan. These are conducted by credentialed providers.

- **Fatherhood Initiatives** are programs that are designed to support and enhance the involvement of fathers in the lives of their children by teaching and emphasizing parenting, communication and relationship skills and information and training on obtaining employment. There are currently three Fatherhood Programs conducted by Family Resource Centers in Pulaski, St Francis, and Ashley Counties.

- **Home Studies** are completed by licensed social workers in a manner in which to access the suitability and safety of a residence before approving the placement of a child(ren). Contractors services are available statewide.

- **Psychological Evaluations** are provided to DCFS referrals to determine the emotional suitability of the caretaker,=. Activities may include the administration and interpretation of appropriate psychological tests. Services are used to prevent out-of-home placement and promote reunification of families.

- **Substance abuse treatment** services are available throughout the state, however some of these services may not be located in every county of the state.

Placement resources are available for children who cannot be safely maintained in their homes. These resources include regular foster homes, therapeutic foster homes, residential treatment, and sexual offender treatment, specialized treatment homes for developmentally delayed and dually diagnosed children, in-patient mental health treatment and shelter care. There is not an adequate number of foster homes to allow for the matching of children,

Independent Living services are available for children with a goal of APPLA or who are believed will remain in foster care until adulthood. These services include life skills training, assistance with educational needs, and after care services.

Adoption services are services available for children who cannot safely return home. This includes assessment and training of the adoptive resource, disclosure, pre-placement activity, legal assistance, subsidy for pre-placement activities and maintenance, if the child is eligible, and post placement support, such as respite care.

Services provided by direct agency staff are monitored in a number of ways. The COR (Compliance Outcome Report) is issued monthly and provides detail down to the case/worker level on compliance with numerous requirements. A QPR (Quarterly Performance Report) is compiled monthly and shared with a standing legislative committee. In addition, supervisors use the Supervisory Review Tool to review a set number of cases per worker each month for compliance with policy and practice guidelines. Our SACWIS system, CHRIS produces a variety of on-line and ad hoc reports by which service delivery and outcomes can be tracked.

For contracted providers, service delivery is monitored through a review of billing at the local and state level, review of compliance with Performance Indicators in the contracts, compliance certifications sent in by the provider, on-site visits and audits and quality assurance reviews.

The above requirements are reflected in practice by workers, supervisors, and program managers reviewing relevant reports and taking necessary corrective actions.

Since the last CFSR we have developed several advisory boards, such as the DCFS Advisory Board, made up of a variety of stakeholders, the DCFS Foster Parent Advisory Board, and the Youth Advisory Board. We have also emphasized the involvement of local community stakeholders.

Item 36: Service Accessibility. Are the services in Item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

Most of the state, but particularly the southwestern and northwestern portions, have seen a significant increase in the number of Hispanic families in our service delivery system. Northwest Arkansas also has a large population of Marshallese Islanders. Differences in language, culture, and permanency resources have caused struggles for staff. Most services are available to families and children statewide but for some services, availability is restricted by funding and by capacity of the provider community.

Item 37: Individualizing Services. Can the services in Item 35 be individualized to meet the unique needs of children and families served by the agency?

In some instances we have more flexibility in direct services than we do in contracted services. The Division has worked with the statewide Spanish language newspaper and representatives of the Mexican consulate to address issues concerning the Hispanic population. The state also offers a pay differential for bilingual staff. In addition, we have a contract for statewide language interpretation. The Division has begun to print critical publications in Spanish and to actively recruit Hispanic foster and adoptive parents. Many questions have arisen regarding the immigration status of families and prospective placement resources, and it is very difficult to get background checks from outside of the United States, or internally if there is no valid Social Security number.

How did the Division perform in the first round of the CFSRs?

Item 35 was determined a strength as the existence of a variety of services was confirmed thorough stakeholder interviews and case reviews. There was limited discussion of waiting lists for most available services. Item 36 was determined to be an area needing improvement. Stakeholder interviews and case reviews indicate that the consistency of available services throughout the state appears problematic. Some counties are benefiting greatly from a wide array of services while other, generally more rural areas, have limited access to services to prevent and adequately address issues that impact child safety. Item 37 was determined to be a strength. Several initiatives were underway at the Executive staff level to improve relationships with other agencies in order to increase the availability of services throughout the state. Case reviews revealed some examples of individualization of service needs that were provided through a service wrap-around process.

Arkansas was found to be in substantial conformity. The review determined that the array of services and the individualizing of the services to the needs of children and families were strengths in Arkansas, but that accessibility of the services was an area needing improvement.

For items 35, 36 and 37 - Stakeholder Assessment

These items were some of the most consistently problematic throughout our discussions and focus session with DCFS staff. Foster and adoptive families, providers, and other community stakeholders also recognized this area as problematic. DCFS staff ratings for this clearly indicate that we do not have the services to meet the needs of the children and families our Division serves, individualization of services were issues shared by staff. Sixty-three (63) percent of field staff felt that services were "somewhat available and effective" while 21 percent indicated that the services were "rarely available and effective." Other major comments elicited from focus sessions emphazie the need for increased availability of the following services:include:

- Stakeholders from around the state indicated that the availability ofmore substance abuse services is critical, not only inpatient and outpatient but those support services for families as they finish the program that will provide support and follow-up so that the treatment is successful. Many staff felt that families relapsed into the drug abusing habits because the inpatient treatment was simply not long enough.

- More placement resources are desparately needed. - Residential, therapeutic foster homes, specialized foster homes and group homes to serve sexual offenders, young children sexually acting out, foster children diagnosed with mental health concerns, older foster children with extreme behavior problems. Respite services are needed to allow foster parents some break time. Emergency homes that will take a child until child has been thoroughly assessed and a placement is identified to meet the child's specific needs.

- Parenting classes and support services to meet the individualized needs of parents; SSAs were trained in Active Parenting and materials are available in all DCFS areas. However, many staff and aides felt that these were designed for "normal or those parents with minimal parenting concerns" and not for the parents they work with. There is a need for specialized parenting classes for low-functioning families and parenting coaches that can assist, monitor and model good parenting choices.

- Inpatient services that allow for mother and/or father to take child(ren). Many staff liked the approach of one specific provider in the state that includes children and felt that the success of this program helped keep parents from relapsing.

- Developmental disability services

- After-care services for parents, adoptive parents, children and foster youth.

- For counseling and mental health services – There are long waits for services, one counselor in the area who is not able to serve the need; long delay in getting the service started. Field staff not following up once a referral has been made to monitor when the referral was acted on.

- Drug and alcohol treatment

- Job training for parents.

- Financial assistance so that the parent can attend, or take care of their bills, take care of their basic needs.

- Support services to foster parents and workers when they are experiencing an extremely problematic event.

- For service accessibility, 60 percent of participants noted that services were somewhat accessible while 26 percent noted that services were rarely accessible. Some of the field staff, foster and adoptive families, providers and other stakeholders noted the following:

  o Hours of operation for services are not convenience to working families.
  o Some mental health providers do not have the capacity to serve the families and children due to shortages of staff. Children and parents may be placed on waiting lists that take more than a month to begin treatment and or counseling.
  o Programs do not have the unique expertise to serve the specific needs of children and their mental health diagnosis.
  o Services are as much as two or three hours away in the rural parts of the state.
  o In the northern part of the state where there has been an increase in the Hispanic population, there are language barriers.
  o Families and workers scheduling sessions for children find that the counseling takes more than a month to begin the sessions.
  o Waiting list for services.

Not all services are available and accessible statewide. DCFS needs to identify those services, which are needed in an area but not accessible or available and plan to meet that need. The Division needs to review those contracts that provide preventive services and refocus to meet the needs of DCFS families first; Human Service Workers in the School and Human Resource Centers.

The Division will conduct a review of all existing contracts to identify what are the referral mechanisms, how to streamline these into one request form for placement facilities, how to monitor each facility that does not accept a child or request that a child be removed to determine why. In addition, more training and coordination by the individual program be provided to the local DCFS staff. The agency complete periodic needs assessments and community stakeholders can assist in not only identifying what is needed but also in identifying what is available and how to access the services and community resources. The Division needs to conduct a a review at the current process of staff providing the "parenting" services at the local county office.

F. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation With Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

Item 40: Coordination of CFSP Services With Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

What is the Division's policy regarding these items?

FSPPM Policy I-B states the Division purchases services from private and public agencies, universities and individuals, using state and federal funds. Programs and services of other Divisions within the Department of Health & Human Services (DHHS) are also available to clients of DCFS. Delivery of services is coordinated with other Divisions administering TEA/TANF Medicaid, Food Stamps, Social Services Block Grant and other federal entitlement programs.

How did the Division perform in the first round of the CFSRs?

Item 39 was determined to be a strength as several stakeholders pointed to the active involvement of the judiciary with the agency as an example of DCFS' efforts to encourage involvement of the community in assisting with the APSR. DCFS and the Arkansas State Police recently convened a group of community stakeholders to review reports that had been screened out at the statewide Child Abuse Hotline. This group has issued a report of its findings which DCFS is incorporating into its service evaluation.g in the service development efforts of the state. Item 40 was determned to be a strength as DCFS has signed agreements with local mental health centers for the delivery of services to DCFS clients in local communities.
DCFS has formed strong relationships with universities across the state for staff training and continuing program development.

Arkansas was found to be in substantial conformity. Per the federal report, "The review determined that all three areas were strengths in Arkansas. The agency has implemented several initiatives to engage communities in the shared responsibility for the well-being of children across the state. The managers and administrators have initiated state and local efforts to involve internal and external stakeholders in planning for system development and improvement".

What are the strengths and promising practices that the child welfare system has demonstrated in terms of agency responsiveness?

DCFS engages in ongoing consultation with consumers, service providers, foster care providers, the courts and other public and private child and family serving agencies at the state level, the

area level and county level. At the state level, the Division created an **Advisory Board** in 2004 to advise the Division on our policies, management, APSR planning, use of resources, and service delivery. The Board reflects the interest of the citizens of the State of Arkansas, especially Arkansas children and their families. Part of the board's mandate is to ensure the organization's policies and performance uphold the public interest and to serve as the link between DCFS and the public (i.e., will serve as a source of information and communication both ways).

This group meets quarterly and membership includes - DCFS staff (Family Service Worker, County Supervisor, Area Manager) a foster parent, an adoptive parent, a DCFS provider, a consumer of DCFS services, a CASA volunteer, a Juvenile Court Judge, a legislator other members at-large, an Attorney Ad Litem, an OCC Attorney, a mental health provider, a representative of the Disability Community, an educator, and a representative of the Faith Community.

A **Foster Parent Advisory Board** was created in 2005. This board meets quarterly and discussess issues, reviews proposed draft policy, identifies and assists with providing solutions and recommendations to the Division executive staff to consider.

Youth Advisory Board comprised of youth from around the state. The Arkansas Youth Advisory Board consists of responsible youth in foster care volunteering to help link youth to government and public agencies to better care for and provide services and inspiration to children and young adults in Arkansas foster care.

The Supreme Court Ad Hoc Committee on Foster Care and Adoption - Under the auspices of the Court Improvement Project managed by the Administrative Offices of the Court, the committee meets periodically to assess dependency-neglect proceedings, make findings and recommendations and implement plans for improvement in court practice to enable children who are abused and neglected to be placed in safe and permanent homes in a timely fashion.

Professional Development Team – The Professional Development Team (PDT) is the representative advisory body for the MidSOUTH's competency-based training system, and an essential component in assuring the ongoing effectiveness and quality of the training program. The team is involved in decision-making, operational planning, and program evaluation for professional development and advocates for policy, procedural, and other changes in the service system to help achieve high practice standards. Committee membership is made up of the MidSOUTH Program Directors, representatives from the Academic Partnership, DCFS Area Managers, Program Managers and Executive staff. Meetings are on a regular basis, typically bi-monthly or quarterly as determined by the membership.

IV-E Partnership - DCFS contracts with the University of Arkansas at Fayetteville (UAF) to manage the Arkansas Academic Partnership in Public Child Welfare. This statewide collaboration between DCFS and the Arkansas universities (UAF, Arkansas State University, Arkansas Tech University, Harding University, Philander Smith College, Southern Arkansas University, University of Arkansas at Monticello, University of Arkansas at Pine Bluff and University of Arkansas at Little Rock) focuses on education and training to improve child welfare practice. UAF manages the partnership by working cooperatively with DCFS and with the other universities in the partnership in a leadership role. The partnership objectives are to develop a family-centered child welfare curriculum and infuse it into interdisciplinary academic

curricula statewide; to recruit and prepare university/college students for employment in DCFS; and to better prepare child welfare workers and supervisory staff through state-of-the-art new staff training and continuing education

In May of 2004, over 50 community stakeholders met together for two (2) days to help in developing the state's Child and Family Service Plan; framing the key areas, identifying the key barriers and suggested solutions to include in our strategic plan. The Child and Family Service Plan along with policies, brochures, Quarterly Performance Reports, information about the Division, is posted on the Division's web site, http://www.arkansas.gov/dhs/chilnfam/index.htm

The Division has incorporated an assessment of systems for best case practice that began in the fall of 2005. The purpose of this assessment was to:

- help staff learn to use data to identify best practices, practice issues and resource needs;
- compare the best practices and share with staff
- identify practice needs that could be addressed either locally, by central office or by other means and
- prepare an overall statement of resource needs statewide to use in biennial budget preparations, preparing grants for model opportunities, research and other purposes

Additionally, the Division administers a consumer satisfaction survey to a statistically valid sample of persons served such as parents, foster youth, foster and adoptive families. For each survey conducted, a report is produced detailing the results of the survey. Periodically, focus sessions are conducted with field staff to The purpose of this process is to gather information so that the Division can assess its service delivery and plan for improving services, requesting feedback from those who were served and supporting agency staff by requesting their input on how to improve the agency's operation.

DCFS has a good partnership with the Court Improvement Program (CIP) staff in the Administrative Office of the Courts (AOC), and have participated in meetings, training, and planning retreats based on the recommendations for the CIP survey conducted by CIP. The Division plans to continue this collaboration in the future by ensuring that they are invited and participate in the Child and Family Services Reviews and Program Improvement Plan follow-ups. CIP staff continue to be invited to participate and give input to the DCFS Advisory Board. The AOC has plans to involve DCFS in their plans and implementation of the training and data technology grants.

The Administrative Office of the Courts is partnering with DCFS in the recruitment of foster and adoptive homes. They have provided promotional items such as posters and billboards as well as temporary staff for statewide inquiry calls.

Assessment of this Factor

The Division involves field staff represented around the state's DCFS areas, parents, foster youth, foster and adoptive parents, IV-E training partners, providers of services and community leaders in all key aspects of agency operations. Various committees, advisory groups and panels are comprised of parents, youth and key community leaders who assist in providing input into the strategic direction of the agency. For DCFS, this clearly is a strength. The Division is open

to the public, to key executive staff in the other divisions and the department, to various Legislative oversight committees, and the Division's Advisory Board helps us with many aspects of the agency's operations. We share with these groups as well as the public the strengths and challenges of our work with children and families in the state of Arkansas.

One area of concern that was raised in focus sessions with AAL's, foster youth, foster and adoptive parents, providers of services was the need of our field staff to be more responsive and that telephone calls be returned. The Division experienced an extremely critical staffing shortage in Family Service Worker (FSW) positions and is still experiencing worker turnover in several of the major counties/areas of the state.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

What is the Division's policy regarding this item?

"The Child Welfare Licensing Act," 9-28-401 et seq is the legal authority under which the Child Welfare Agency Review Board prescribes minimum licensing standards for child welfare agencies; which includes foster, adoptive placements, residential, psychiatric residential, sexual offender programs and independent living programs. The Board promotes and publishes rules and regulations setting minimum standards governing the granting, revocation, refusal, and suspension of the licenses for a child welfare agency and the operation of a child welfare agency. FSPPM Policy VII A - For the purpose of Title IV-E eligibility, a foster family home means the home of an individual or family licensed or approved as meeting the standards established by the Child Welfare Agency Review Board that provides 24-hour out-of-home care for children. (With respect to foster family homes on or near Indian reservations, approval would rest with the tribal licensing or approval authority(ies). The term includes group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care. Provisional family homes that are approved must be held to the same standards as foster family homes that are licensed. Anything less than full licensure or approval is insufficient for meeting Title IV-E eligibility requirements.

Standards for approving and supervising a family foster home are promulgated under the authority of Arkansas Code Annotated 20-76-2002. These standards are outlined in detail in the Division's Standards for Approval of Foster Homes PUB 022. The Board may grant an ageancy's request for alternative compliance upon a finding that the agency does not meet the letter of a regulation

Kinship foster homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related through blood or marriage. These homes must meet all of the minimum licensing requirements for a family foster home. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. Kinship foster homes will be approved only for placement of relative children. If the relatives choose to be a regular foster home, they will have the responsibility of caring for relative and non-relative foster children.

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

What is the Division's policy regarding this item?

Policy states "There are three types of DCFS foster homes referenced in the CHRIS System. Foster Family Home (Non Relative), Relative Foster Home (Kinship Only), and Relative Foster Home (Fostering and Kinship). There will be no distinction in approval requirements between kinship foster homes and all other approved foster homes in Arkansas.

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

What is the Division's policy regarding this item?

The FSPPM states, "The Division shall place children in approved foster homes where the foster parents have satisfactorily completed the Division's pre-service training curriculum, have been cleared through the Central Registry and through a local and state criminal records background check."

Procedure - The CFS-342A must be completed for each household member age fourteen (14) years and older. The Criminal Record Check will be repeated every five (5) years. The CFS-342A must be submitted for checks by the designated DCFS staff person and routed to the DCFS Foster Care Unit. The CFS-349B must be completed for each household member age fourteen (14) years and older. The CFS-349B must be submitted for checks by the designated DCFS staff person. Local background checks are to be repeated every two (2) years.
An FBI criminal record check must be requested for families who have not resided in Arkansas continuously for the past five (5) years. The state criminal record check must be completed prior to requesting the FBI criminal record check. Forward the FBI print card, with the results of the state criminal record check attached, to the Foster Care Unit for processing. The designated DCFS staff person will be responsible for submitting the FBI check. Inform the family that they are responsible for paying for the FBI check and ensure that the family completes the FBI print card with good, un-smudged prints. If the prints are not readable the family will have to re-submit and pay for a new check.

How did the Division perform in the first round for items 41, 42 and 43 of the CFSRs?
Item 41 was determined to be a strength as all foster homes are assessed with a standardized format with the PRIDE curriculum for prospective foster/adoptive parents. Community stakeholders who were interviewed appeared to be very knowledgeable about the standards for approval and continuing certification for foster parents. Item 42 was determined to be a strength as there was verification that criminal background checks are required for all foster and adoptive parents prior to approval. All foster homes are assessed with a standardized format with the PRIDE curriculum for prospective foster/adoptive parents. Item 43 was determined to be a strength as there was verification that criminal background checks are required for all foster and adoptive parents prior to approval.

Assessment of items 41, 42 and 43

The Child Welfare Agency Licensing Unit conducts annual reviews of foster home files in each DCFS area and provides a report. This Unit also reviews files of residential and Therapeutic Foster Care programs. The criminal history reports and FBI checks must be maintained in files. A checklist review tool is completed on each individual file reviewed with these two (2) specific areas. If deficiencies are noted, a corrective action plan to correct these is prepared. In addition, this Unit conducts physical inspections of foster homes noting any safety or hazards, and other licensing issues. Recommendations are made to request the home meet standards and some homes have closed as a result of the on site inspection.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

How did the Division perform in the first round of the CFSRs?

This item was determined to be a strength. DCFS has contracts in place around the state to recruit foster and adoptive parents. Some of the local areas use foster parent newsletter to encourage recruitment of new foster parents.

What is the Division's policy regarding this item?

FSPPM Procedure VII – A1 - The purpose of foster parent recruitment is to increase the number of qualified, trained family foster parents in Arkansas through the recruitment process. Each Area will develop Recruiters to assist in the recruitment process, and Foster Home Evaluators to conduct the In-Home Consultation Visit and ensure that the family completes the approval process. These evaluators will be contracted or designated staff. Each Area will develop an annual recruitment plan to be initiated at the beginning of each fiscal year. The Family Foster Home Needs Assessment (CFS-445) will be utilized in the development of the recruitment plan. The CFS-445 will be conducted at least annually. The plan will outline ongoing recruitment efforts for the Area.

Prospective foster parents can log onto the State of Arkansas/DCFS/Foster Families Internet website page and make an inquiry. Notification of Internet inquiries made by prospective foster parents will go directly to the Area Manager. After either a telephone inquiry received by staff, or an Internet inquiry made by a prospective foster parent, the designated staff person must make contact with the family within three (3) working days of the inquiry. Initial contact will be via telephone, mail or visit on all referrals and inquiries received. The designated staff person will document contact on the DCFS Foster/Adopt Home Inquiry screen located on DHHS Gold. If the Internet is down, staff can use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document contact. Transfer information listed on the CFS-563 to the DCFS Foster/Adopt Home Inquiry screen when Internet use returns. After initial contact is made, provide the family with an information packet. The information packet will consist of a letter identifying a contact person, a brochure titled "Foster Parenting A Little Goes a Long Way" and a copy of PUB-022 (Standards for Approval of Foster Family Homes). The initial contact letter is located on the Foster/Adoptive Home Inquiry screen. Copies of the brochure can be obtained from the DCFS

Foster Care Unit. The information packet must be sent to the family within three (3) working days of the initial inquiry.

What are the strengths and promising practices that the child welfare system has demonstrated in terms of diligent recruitmenf of foster and adoptive homes?

The Division of Children and Family Services submitted a proposal and in September of 2003 the Division was awarded a grant of $350,000 a year each for 5 years. The purpose of this project is to test **Adoption Services Coalitions** as a model for involving communities in the recruitment and retention of adoptive families for children in foster care. Building on the strength and commitment of this model, the project should demonstrate positive outcomes from effective community mechanisms used to recruit and retain adoptive parents. Work began in October 2003 and funding for the five-(5) year demonstration project is expected to continue through September 2008. Currently there are 11 Area Adoption Services Coalitions located across the state, staffed by the local adoption specialists with key collaboration and participation by community leaders, court and Attorneys Ad Litem, CASA, churches etc. The coalitions serve as a model for involving communities in the recruitment and retention of adoptive families for children in foster care. The goals include; increasing the number of children placed by 35 each year; increasing the number of children adopted by 40 each year each year; and increase the number of recruited adoptive homes by 17 each year

The **Children of Arkansas Loved for a Lifetime** (**C.A.L.L.**) Foster Care Church is an initiative that began in November 2006 with churches, CASA and DCFS joining together to recruit and support foster and adoptive parents. With 1,100 children in foster care in Pulaski County in Arkansas and only 233 foster families available to care for those children, the C.A.L.L developed a goal to recruit 250 new foster families and 70 new adoptive families from within Pulaski County Christian churches.

The C.A.L.L. is a coalition made up of representatives from more than twenty Pulaski County Christian churches of varying denominations. There is a Steering Committee and several workgroups to: a) streamlining the training and certification process to make it easier on prospective foster and adoptive families, b) Recruit Foster Families/Adoptive Families; c) Identify and establish foster/adoptive parent supports (during the training and certification process, and continuing on supporting them once a child is placed into their home); d) Increase the number of churches involved and developing additional church partnerships and, e) Identify churches as visitation centers (for birth parents to visit their children until either the point of reunification or loss of parental rights).

The Administrative Offices of the Court conducted a Judicial Leadership Summit in Little Rock July of 2006. Each judge was asked to put together a "team" that was to be comprised of all the people that would be involved in a dependency/neglect case. Participants included DCFS staff (Area Managers, Supervisors) foster parents, CASA Coordinators, Attorneys Ad Litem. The goal for the team was to determine ways that the court process could be improved for children. Some the plans developed by the teams included the following:

- Develop methods to recruit local foster parents
- Increase community awareness of foster care needs
- Develop effective advertising for foster parent recruitment

- Expand residential placements
- Present community groups to groups about foster parenting
- Explore "intake shelters' where children entering foster care receive initial assessment of needs
- Adequate respite and sitter services be provided to foster parents

Assessment of this Item

The ARC reports for SFY 2004 242 foster homes were recruited, in SFY 2005 232 homes were recruited, SFY 2006 354 homes were recruited. This represents a 46 percent increase in the annual number of foster homes recruited over this three-year period. In those same years, there has been an 11 percent increase in the number of children entering foster care. In SFY 2007 the Division recruited 232 homes.

The state did not renew contracts with providers in place to conduct recruitment and re evaluation activities due to funding shortages. These activities were completed by staff in each of the county offices. SACWIS and IV-E requirements along with a IV- E review mandated the Provider Management Redesign (PMR), a major enhancement to CHRIS. A need for a new staff position to support this identified change in CHRIS was created; entitled a Resource Worker. Due to the criticality of this function and in preparation of changes to CHRIS, staff were identified out in the field (two per DCFS area except in Area VI – five staff were identified) in February of 2005 to convert the data, clean up the data, test the new function and assist with designing the training needs. This process required intense weekly planning, development of screens, monitoring of the conversion of data, testing screens from February through early June of 2005. To prepare for a July 4th release date of the PMR, a training and information meeting was held in June 2005.

Once the system was updated and data entered, their charge and concentration was on re evaluating foster homes. The recruitment responsibility was added to their job function. Each area has designated staff to recruit foster homes, re evaluate foster homes and provide information sessions on the need for foster homes.

Stakeholder Assessment

In the focus session conducted with field staff, this was a major area of concern. When field staff were asked to rate how effective the Division is at recruiting foster and adoptive families, 40 percent of the staff indicated that the current foster and adoptive recruitment efforts are "somewhat effective" and 55 percent indicated that that the current foster and adoptive recruitment process is "rarely effective." Thirty (30) percent of the adoption staff indicated that the current foster and adoptive recruitment efforts are "somewhat effective" and 71 percent indicated that that the current foster and adoptive recruitment is "rarely effective."

Other comments elicited from staff include the following: Families are looking for perfect children. Some of the foster parents who want to adopt do not feel that they can handle the behavior needs of the children that are currently coming into care. Foster parents indicate that it takes too long to process the paperwork. Office of Chief Counsel, attorneys for the agency, feel that the adoption staff is not committed to move the child along even though the children have been in placement for a period of time. Calls are not being returned, families wanting to adopt

and having the children in their home but the workers are not responding to finalize, no clerical to help, information is missing and in some of the areas, courts and staff do not want to move towards termination on the parents.

Focus sessions noted the following:
- Need to hire a professional person with marketing skills and experiences to conduct recruitment activities.
- Train current staff in marketing skills or develop a specialized unit to conduct recruitment activities.
- The Division needs to create professional public service announcements, develop newspaper articles, meet with the public etc.
- Need a better method of screening homes and identify at the beginning of the process people that do not need to be foster parents.
- Review existing procedures for approving a homes as tt takes too long to approve a home; either as a prospective foster or adoptive family.
- Foster parents are aging out of the system.
- Recruitment is one additional task put on the workers and it is the last assignment that gets taken care of due to the high caseloads
- Provide trainings located close to where prospective applicants live and scheduled at the convenience of the prospective applicants.

For foster and adoption recruitment efforts, the Division is developing action plans of key tasks needed to shore up and enhance recruitment activities and will track the completion of those tasks and activities. The Division is conducting a review of policy and procedure to analyze processes currently in place, to identify all forms that could be reduced, to assure anyone interested in fostering and or adopting can more easily apply, be approved and reduce the time before finalizing adoption requests. In addition, the Division is creating an online application process for anyone interested in fostering and/ or adopting.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

What is the Division's policy regarding this item?

The FSPPM Policy requirement is the same as the Safe and Timely Placement Act requirements. We monitor via a spreadsheet and regularly update requests to the field. Policy Section VI-G The Interstate Compact on the Placement of Children (ICPC) is used to move children in need of a foster or pre-adoptive placement, adoption across state lines or reunification with parent(s). A foster child is defined as a child who has been removed from the home of his parent, guardian or custodian by a court of competent jurisdiction and whose custody has been placed with a private or public agency. When a child requires placement for foster care or a possible adoption outside the resident state, DCFS shall use the ICPC process. Unless authorized by the ICPC, all communications with other states regarding approval of placement, progress reports, disruption of placement, or termination of the ICPC case should process through the Arkansas ICPC Office, to the Family Service Worker.

For ICPC, although the Division does not recruit homes in other states but identify possible placement resources and ask for approval. The effectiveness has been hampered in some cases by the inability to get a timely response from the field. The biggest issue is lack of staff and competing priorities in certain locations. The Division now has identified ICPC liaisons in each Area and that has helped with getting more complete request packets and more timely responses. DCFS is using its website and photo listing book as recruitment tools for foster and adoptive parents. The site is also connected to AdoptUSKIDS and referrals are received from interested families throughout the US and families from other countries have shown an interest.

How did the Division perform in the first round of the CFSRs?

This was rated as a strength in the 1st round of the CFSR as the State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. DCFS is using its website and photo listing book as recruitment tools for foster and adoptive parents. There was evidence that staff are using the Interstate Compact for the Placement of Children as an attempt to recruit for adoptive homes for children who are awaiting placement.

Section V - State Assessment of Strengths and Needs

In our 2001 Statewide Assessment we stated that "our one strength of the agency is its workforce. From the front line workers serving families to the supervisors, Area Managers and Central Office Staff are overwhelming dedicated to serving children and their families." We still feel that this is our greatest assessment. Over the last five (5) years, the Division has experienced an increase in child maltreatment investigations and children coming into foster care, at the same time however, we did not get the essential staff positions to fulfill our Division's mission. We not only want to assure that every child is safe, but that our workers have doable caseloads to meet the demands of the job. The major staff shortages in 2005, 2006 and somewhat in 2007 clearly had a major impact on the outcomes and services in our Division.

Strength is the partners such as with UAMS health services, UALR MidSOUTH Training Academy for training services, University of Arkansas other divisions and agencies. The Division is keeping children safe while serving the child and family as noted in the Safety 1 Outcome standard. As reported in the SFY 2000 Annual Report, the percentage of families with true allegations of child maltreatment after a previous true report was the lowest in the past five annual reports and the Division continued to ensure that children in foster homes are safe from instances of abuse and neglect. Health care services for children in foster care are one of the Division's strengths.

1. Determine and document which of the seven outcomes and systematic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Despite the increase in child maltreatment investigations since the first CFSR, the Division did not receive any additional positions. In early spring of 2005, the Division experienced an extremely critical staffing shortage in Family Service Worker (FSW) positions. Vacancy rates for FSW Trainee positions stood at 37 percent while 26 percent of full FSW were vacant. Several areas suffered even more pronounced staff shortages; Area 1 experienced a 42 percent FSW vacancy rate and Area 2 showed a 54 percent vacancy rate. At the same time, there were over 2,000 overdue child maltreatment investigations.

The agency implemented a number of self-correcting activities to overcome this problem, including:

1. Special assist teams of volunteer staff from other areas to help conduct the investigations.
2. Scheduling, coordinating and participating in job and career events with universities and colleges, and corporate events around the state to recruit prospective applicants. This created an additional pool of possible applicants. The Department's Resource Unit streamlined the application process for students who were interested in working with the Division and graduating with appropriate degrees from colleges and universities.
3. Appealing to the state legislature for appropriating unfunded positions and adding 31 new investigator positions.

Overall the Division has put child safety at the highest priority; children are, first and foremost, protected from abuse and neglect. Assist teams were put into place for those areas

with the greatest need, recruitment activities were developed, quicker application processes were enhanced to speed up the hiring for vacant positions, and the Department emphasized actions to address the current staffing crisis. While there are still staff shortages, the Division did receive approval for 32 additional Family Service Worker positions for the expressed purpose of investigating child maltreatment.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

The agency's QSPR reviews noted safety outcome as a strength; that services were provided to protect children while in the home or prevent removal or re entry into foster care. Covered in Service Array, the Division needs to review the parenting program and other existing contracted services to determine if these meet the needs of the children and families served. As well as conduct a thorough needs assessment to determine what other services are needed for children and families served. The Division needs to increase the availability and intensity of services available to families across the state. Additional the Division needs to provide staff with the knowledge about services and how to access these for their families and to increase the skill and comfort level of some staff in working with families in very difficult circumstances.

Staff in the field felt that the recent changes to the CHRIS system did not allow the flexibility needed for assess risk throughout the life of the case. An evaluation has been completed to examine the Division's newly revised FSNRA and the ability to efficiently and effectively complete case plans, involve relevant stakeholder in the case planning process and adhere to state law and agency policy. The evaluation is currently in review and the recommendations and suggestions are part of the Division's opportunity to make improvements that help with practice in the field. Additionally a task group has been established to take a closer look at the FSNRA and the case plan changes made recently in the CHRIS system. CHRIS training will be include it as a part of the Family Service Worker New Worker Training has been reinstated which will assist with this as well.

Well-Being Outcome 3: Children receive services to meet their physical and mental health needs.

Based on the review of the QSPR data, data from the UAMS monitoring, information from the focus groups with field staff, foster parents, AAL's OCC, CASA areas of need were in the availability of mental health services and mental health professionals with the expertise to serve children who have special mental health conditions. For the most part, this is one of the division's strengths and whenever there are problems with getting the services for the child it is either not available, due to staffing or that the worker may not follow-up on the referral for the service. The Division has a strong monitoring system and staffing to assure that children who come into care receive an initial health screening, a comprehensive health assessment and follow-up on any additional recommended services.

The Division is Division is currently a member of the governor-appointed Children's Behavioral Health Care Commission to develop systems of services for children and families and will also include the appropriate placement needs of foster children.

Systemic Factor A: Statewide Information System

Based upon the State's CHRIS SACWIS ranking and the availability and utilization of CHRIS data in various performance monitoring activities, this systemic factor is determined to be primarily a strength for the Division. CHRIS has been in place for a decade, is functioning as required, and is one of only six (6) in the nation that are fully SACWIS-compliant.   However, the agency needs to assess the overall system to determine that it "*supports social workers' foster care and adoptions assistance case management practice*" and that it operates in an efficient and effective manner.

Systemic Factor B: Case Review System

The Case Review System includes the requisite components; written case plans, involving parents and age appropriate children and reviews; six (6) month judicial reviews – in some judicial districts are held every 3 months; permanency hearings and TPR proceedings are consistent with the Adoptions Safe Families Act. Both Arkansas Code and the Division's policy clearly address all items and procedures and paperwork are in place to assure compliance.

It is in the area of engaging age appropriate children, fathers and key stakeholders in the process of asking for input, identifying the needed services and providing guidance to assist children and families in achieving the overall goal of the case plan. There needs to be a systematic and thorough analysis of what is needed to get the plan working in a way that supports engaging family to identify their needs and suggestions and assist in achieving the goal of the case, the goal of the parent and the goal of the child. What does it take to schedule a staffing, prepare for the staffing, invite the essential parties to the staffing, and engage the family that their voice is important and what they share will get conveyed into the paper plan itself? The other analysis needs to be conducted on the CHRIS system to assure that the system is flexible, simple, and not repetitive, assist the worker in completing the plan with input and involvement of the age appropriate child, family members and key parties to the case.

Systemic Factor C: Quality Assurance System

The Division's Quality Assurance (QA) System is rated as primarily a strength. The Division maintains its own QA staff of four (plus a QA Unit Manager), and contracts with Hornby Zeller Associates, Inc. for additional QA services. CHRIS staff maintain an on-line "CHRIS Net" site that provides informational reports available to all authorized CHRIS users. CHRIS Net reports are used for performance monitoring or for data clean-up purposes.

DCFS QA staff conduct the ongoing Quality Service Peer Reviews (QSPRs) that were described in greater detail in the "Data Sources" section of Section III of this document. They also provide "trouble-shooting" services on an ad hoc basis to parts of the state that are experiencing particularly notable problems.

DCFS has also developed on online Supervisory Case Review (SCR) process, whereby caseworkers meet with their supervisors on a quarterly basis to evaluate progress toward meeting case plan goals and CFSR goals.

Hornby Zeller Associates (HZA) maintains an onsite staff of seven persons and produces a number of regular and ongoing performance monitoring reports for the Division including

monthly Compliance Outcome Reports (CORs), Quarterly Performance Reports (QPRs), and Annual Report Cards (ARCs). In addition to producing the regular performance reports listed above, HZA also produces a number of "special studies" on topics of particular interest to DCFS Executive Staff.

This is a real strength area, the Division needs a better method of assuring corrective actions plans are equipt to make the necessary corrctions, to identify additional areas to review such as multiple placements, provide additional staff to conduct QSPR reviews, and train field staff on the CFSR process.

Systemic Factor D: Staff and Provider Training

The Division's Professional Development Unit and the IV-E Training Partnership has been meeting with representatives from all levels of our direct field staff to review and provide input on additions and enhancements to the various training programs; Supervisor Curriculum, the New Worker Training Curriculum to name a few. In addition, development work has been completed on the creation of additional training curriculum to meet all needs of our direct field staff (i.e., adoptions and ICPC). The Division continues to seek input, review existing competencies, conducting needs assessment to identify needs and enhance the training of our staff.

When exploring the training needs with our foster and adoptive families, one area that was consistent with field staff and with families that there is training online available to assist foster families with maintaining their required annual training hours. Training hours could be reduced for foster parents who have been foster parenting for 5 years. "What better training than the experiences we have had as long- time parents who have served many children". Also weekend training with child care provided would be very helpful. After multiple years of fostering, why require training. Training needs to be based on the needs of the foster parents, training be provided at a distance that is close to their town and at times convenient to meet their needs. The Division is currently reviewing and exploring training options to enhance efforts to provide training that is supportive to foster parents.

Systemic Factor F: Agency Responsiveness to the Community

This area is a rated as strength for the Division, all three of the individual items within this general systemic factor are in place. DCFS engages in ongoing consultation with consumers, service providers, foster care providers, the courts and other public and private child and family serving agencies at the state level, the area level and county level. The Division is open to the public, to key Executive Staff in the Division, to various Legislative oversight committees, and to the Division's Advisory Board. We share quite openly with these groups as well as the general public our strengths and challenges in our work with children and families in the state of Arkansas.

Systemic Factor G: Foster and Adoptive Parent Licensing, Recruitment and Retention

The Child Welfare Licensing Act," 9-28-401 et seq is the legal authority, under which the Child Welfare Agency Review Board prescribes minimum licensing standards for child welfare agencies; which includes foster, adoptive placements, residential, psychiatric residential, sexual offender programs and independent living programs. Standards are applied to all licensed or

approved foster family homes or child care institutions receiving title IV-E or IV-B funds. The Division complies with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. Items 41 and 43 are a strength; policy and procedure is in place and the agency Child Placement Licensing Unit monitors case files to assure policies are adhered.

2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review. Prioritize the list of areas needing improvement under safety, permanency, and well-being outcomes.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Based upon data presented in the State's Data Profile, and information obtained from the QSPR reviews and focus sessions, the major area of concern is placement stability which has been clearly articulated in the service array and foster and adoptive recruitment areas. The Division needs to complete a thorough review of over 900 children who have moved more than 6 times in an episode and take a complete look at each child; why, what placements were successful, what placements disrupted and why, special needs, behavior and mental health needs of the child. What additional services were needed but not provided? Did staffing shortages have an impact on child's move; what was the continuity of monitoring the child's needs.

The Division is in the process of merging the currently separate foster and adoption parent application process allowing a family interested to be approved for either at the same time. Staff have completed a review of all the current foster parent and adoptive parent application processes that were separate and apart, existing policies, and made recommendations for changes. The draft forms are currently in the process of an internal review with plans to complete this effort by end of December 2007.

The Division is looking at a proposal to create a central Placement/Treatment function that will provide guidance to the field, assist with any necessary paperwork regarding placement issues, assist with providing needed guidance to foster parents who are experiencing problems to help maintain the placement, assist staff with requests for developmental disability placements. In addition the Division is currently a member of the governor-appointed Children's Behavioral Health Care Commission to develop systems of services that will also include the appropriate placement needs of foster children.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Based upon the information from the QSPR reviews and the focus sessions conducted around the state with state staff, Attorneys Ad Litem, CASA, providers, Therapeutic Foster Care Providers is clearly and area needing improvement. Many of these items in this outcome are related to the extreme shortages in staff that occurred in 2006, 2006 and in some areas still problematic in 2007.

Continuity of family relationships and connections is important and critical to the successful achievement of permanency for the children we serve. We recognize that the importance of the development of an array of appropriate placements, particularly foster homes that are available in the area of most needs and to assure that children are placed close to their family, friends and community. We need to assure that ties with family, friends, schools and communities can be maintained by placement close to home and planned frequent contacts. The Division has a specific policy in place that requires that siblings be placed together. Increased placement resources will help us make this policy a reality.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Based on the review of the QSPR review results, information from focus sessions with field staff, Foster Youth, Attorneys Ad Litem, OCC Attorneys, Therapeutic Foster Care Providers, CASA, needs of parents (especially father involvement and engagement) age appropriate foster youth and family involvement in case planning, caseworker visits with the child, caseworker visits with the parents were identified and recognized by field staff and an area needing improvement.

- While the number of children coming into care has increased, the Division has not had any increase in staffing to meet this need.
- Experiencing extreme shortages of staff in 2005 and 2006
- The lack of adequate services to meet the needs of children and families served
- Need to determine how to keep and retain the staff we have; several large counties experiencing revolving door we hire, but can't keep them.
- Explore how to enhance workers ability to provide and meet the needs of children and families they serve.

The Division recognizes that work is needed in many areas of the state to assure that families have enhanced capacity to provide for the child's needs. In the area of engaging and involving family members to identify their needs, the work is spotty at best and the Division is monitoring these efforts. As noted in service array and service accessibility, the Division needs to assess the current contracted services; both in-home services and out of home placement programs to determine that these services meet the needs of the children and families being served. Specifically the parenting services, Human Service Workers in the School, information about the types of placements served by the providers etc.

Assuring active involvement of family, including extended family where appropriate, in the development and implementation of case plans and in the lives of their children, even if they are in an out-of-home placement. The Division has an active and vibrant Foster Youth Advisory Board, involved in the review of agency policy, advises us with agency plans and a partner in our Statewide Assessment and PIP development. This group has been very insightful and providesus gudance regarding their needs and how best to serve them. team We need to fully implement family meetings, which have been tested and found productive, although time consuming.

We developed and implemented a new family assessment and case plan as part of the first PIP, but we need to make those tools more family-focused and user-friendly and ensure all staff feel comfortable using the tools as part of their practice.

The Division continually through a number monitoring efforts seeks to assure that workers are visiting with parents and children and recognize that more effort is needed to reach our agency goals for achievement. However staffing shortages have had a major impact on completing a number of vital case management activities and one of these is visits with parents and visits with children while placed in a substitute care setting. The Director has made this priority and created a weekly email chat with all DCFS staff. Included in these are thoughts of best practice, guidance on the impact on the successful outcomes workers can have with visiting parent, child and with foster parents.

Additionally, the Division is pursuing a number of practice modalities to improve and enhance case practice. These include the ability to engage fathers by conducting focus sessions with fathers who can guide us on enhancing our practice and providing specialized training at the local level to assist workers on how better to include, involve and engage fathers.

Well Being Outcome 2: Children receive appropriate services

Based upon the information from the QSPR reviews and the focus sessions conducted around the state with state staff, Attorneys Ad Litem, CASA, providers, Therapeutic Foster Care Providers is clearly and area needing improvement. Many of these items in this outcome are related to the extreme shortages in staff that occurred in 2006, 2006 and in some areas still problematic in 2007. The Division needs to assure staffing is sufficient so that workers can assess and monitor the educational development of children being served. We need to enhance field staff to assist them with developing those professional helping relationships within the community specifically the educational stakeholders. It is difficult to get a handle on the educational issues due to staffing shortages. We know we need to continue to develop greater expertise in the areas of education and mental health among our staff and the families we serve and develop even stronger linkages between the DCFS child welfare professionals and the education, medical and mental health professionals.

Systemic Factor E: Service Array and Resource Development

This systemic factor was one of the most consistently problematic areas raised in all of our focus sessions conducted throughout; with our area staff, foster and adoptive families, providers, and other community stakeholders recognized this as well. The ratings for this clearly indicate that we do not have the services to meet the needs of the children and families our Division serves.

In areas where services may be available, the issues raised by field staff included not understanding what services are available, what services were needed by the family and how to access these services for the family. Sixty-three (63) percent of field staff felt that services were "somewhat available and effective;" 21 percent indicated that the services were "rarely available and effective." Services are not individualized to meet the needs of the children and families we serve due to inexperience of some therapist, parenting currently provided in the county office by staff does not serve the families that our Division works with, in many areas there is a lack of comprehensive substance abuse services that include more than just the inpatient programs. Service accessibility was also raised as an area of concern; hours of service delivery not available to the working parent, location of service not convenient and too far away, not the right kind of service needed, accessing those programs with the expertise.

Specific Comments on Item 44 - Although there are policies, procedures to approve foster and resource staff for the expressed purpose of recruiting fosters families. We need a complete, comprehensive and accurate recruitment plan in place that reflects the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State. 40 percent of staff stated that the Division was "somewhat effective" at recruiting foster and adoptive homes while 55 percent rated the process as "rarely effective."

Focus sessions noted the following:

- Need a professional person hired, train current staff in marketing skills or develop a specialized unit to conduct recruitment activities. The Division needs to create professional public service announcements, develop newspaper articles, meet with the public etc.
- Need a better method of screening homes and identify at the beginning of the process people that do not need to be foster parents.
- It takes too long to approve a home; either as a prospective foster or adoptive family.
- Many foster parents adopt and then close their home
- Foster parents are aging out of the system.
- In areas where there is an adoption coalition, they are recruiting but not with our mission and have their own agenda
- This is one additional task put on the workers and it is the last assignment that gets taken care of due to the high caseloads
- Utilize existing foster parents to provide the training
- Provide trainings located close to where prospective applicants live and scheduled at the convenience of the prospective applicants.

3. Recommendation of Sites for On-Site Review Activities.

The selection of counties for on-site review activities was guided by a number of quantitative and qualitative considerations. At the outset, all counties that were included in "roll-ups" for the computation of the CFSR Permanency Composites were eliminated because they would probably not have enough cases to support the case pull that would occur in selected counties. This criterion eliminated 46 of the state's 75 counties and left a remaining universe of 29 counties for consideration.

Selected data items on these 29 counties are presented in the table on the following page. As the state's largest county, Pulaski County was automatically chosen as one of three areas for on-site reviews and was therefore eliminated from the universe of counties from which the other two review sites would be selected. Of the remaining universe of 28 counties, eight had less than 50 foster care (FC) or protective services cases (PS) and were eliminated on this basis, again out of concern for an adequate sampling frame for the case pull. An additional three counties were eliminated on the basis of size criteria, since these counties did not have enough cases to support the computation of one or more of the of the Permanency Composites. This left a remaining universe of 17 counties.

Ten other counties were eliminated because of a variety of "special circumstances." Although there were no explicit prohibitions on selecting counties that were reviewed in the first round of CFSRs, Jefferson and White Counties were eliminated for this reason. Three counties (Faulkner, Lonoke, and Saline) were eliminated because they were part of the Little Rock/North Little Rock Metropolitan Statistical Area, and thus would not adequately reflect the non-metropolitan character of many parts of the state. Two counties in western Arkansas (Crawford and Sebastian) were eliminated because of management instability; these two counties are part of DCFS Service Area 2, which recently lost its Area Manager and is currently being served by an "acting" Area Manager. Finally, three other counties were eliminated because of staffing problems; Benton and Washington Counties in northwestern Arkansas and Crittenden County in eastern Arkansas are plagued by various kinds of staffing problems such as being understaffed, having a significant level of staff turnover, and/or having relatively large numbers of new staff who are still undergoing training and therefore cannot assume normal caseloads.

This left a remaining universe of seven counties from which to select the two counties for on-site review. In an effort to ensure that these counties reflected the geographic and demographic diversity of the state, it was decided that one county would be from the northwestern part of the state and the other would be from the state's eastern "Delta" region.

The northwestern part of the state is a mountainous area with a relatively small black population, although in recent years it has experienced a significant influx of Hispanics. This part of the state is heavily engaged in poultry raising and processing, as well as being home to a variety of manufacturing facilities. By contrast, the Delta is an alluvial plain that is heavily engaged in agriculture and has relatively high concentrations of blacks. From an economic point of view, the northwestern part of the state is a relatively prosperous area experiencing relatively high rates of population growth, while the Delta is notoriously poor and experiencing population declines.

COUNTY-LEVEL DATA USED IN THE SELECTION OF COUNTIES FOR ON-SITE REVIEW

COUNTY	FC CASES, SFY 2006			PS CASES, SFY 2006	SPEC. CIRC.	PERFORMANCE ON PERMANENCY COMPOSITES, FFY 2006			
	TOTAL	% BLK	% HISP			PC1	PC2	PC3	PC4
Craighead	184	23.4	4.9	277		155.5	94.8	108.9	67.7
Garland	203	25.1	2.5	314		157.9	124.3	162.9	90.2
Miller	175	36.0	4.0	183		149.7	80.0	122.1	73.0
Mississippi	127	61.4	0.8	178		152.0	105.1	122.6	80.8
Ouachita	86	68.6	0.0	119		167.3	101.9	128.3	93.3
Pope	113	5.3	7.1	198		101.1	135.0	181.4	84.7
St. Francis	78	69.2	6.4	124		171.6	15.3	98.0	58.1
Ashley	48	45.8	2.1	60		142.7	NULL	NULL	82.5
Benton	309	2.6	16.2	472	STAFF	156.9	144.1	133.4	64.0
Carroll	34	5.9	5.9	61		145.9	NULL	216.8	54.3
Clark	38	36.8	5.3	42		132.5	-12.6	NULL	89.8
Clay	42	2.4	2.4	61		132.1	123.9	130.4	75.7
Crawford	116	0.9	14.7	203	MGMT	156.3	136.6	182.2	59.7
Crittenden	137	67.9	4.4	152	STAFF	174.5	125.6	105.9	47.6
Drew	90	38.9	8.9	86		140.8	NULL	NULL	59.0
Faulkner	126	16.7	3.2	288	METRO	159.0	121.1	115.6	71.6
Greene	112	0.9	3.6	158		147.6	138.1	NULL	76.8
Hempstead	28	50.0	0.0	80		149.4	NULL	NULL	91.9
Hot Spring	52	0.0	5.8	97		165.2	NULL	238.4	91.1
Howard	45	35.6	6.7	51		147.0	NULL	84.8	63.8
Jefferson	273	74.0	1.1	458	2001	163.5	41.6	123.4	64.5
Lonoke	81	14.8	2.5	134	METRO	128.7	126.9	76.5	58.5
Marion	44	0.0	6.8	65		146.0	NULL	NULL	96.9
Pulaski	1082	60.0	4.1	1192	IN	130.9	95.5	126.8	71.0
Saline	101	8.9	4.0	330	METRO	163.2	83.7	92.6	77.3
Sebastian	765	12.3	11.0	721	MGMT	117.7	65.1	124.9	62.5
Washington	260	6.5	11.9	591	NEW STF	168.5	115.5	125.3	63.2
White	157	7.6	2.5	189	2001	148.8	147.9	136.2	56.3
Woodruff	12	16.7	0.0	17		153.9	NULL	NULL	85.9

From the remaining universe of seven counties, Pope County was selected to represent the northwestern part of the state and St. Francis County was chosen to represent the Delta region.

Non-Metropolitan Site One

Pope County is the 11th largest county in the state of Arkansas, with a 2000 Census population of around 55 thousand. Pope County represents the "northwestern demographic" quite well, with a relatively small percentage of foster children who are black and a significant Hispanic component as well. Pope County also has a relatively experienced and stable staff and management structure, as well as a number of community-based support organizations.

The primary city in Pope County is Russellville, which is also the site of the DCFS county office. Russellville, located about 80 miles northwest of Little Rock, is the 14th largest city in the state, with a 2000 Census population of almost 24 thousand. Russellville is also home to Arkansas Tech University, a fully-accredited four-year college with over 70 degree programs. Recently, Russellville has organized an innovative methamphetamine task force involving DCFS staff and local IV-E partners.

Promising Approaches in Pope County include - Meth Coalition Group is made up of DCFS staff, community professionals, nurses, real-estate, chief of police, Sheriff, prosecuting attorney, local providers in mental health, drug and alcohol who meet at the local college, Arkansas Tech University (ATU) weekly to discuss child protection, education, distribution of information, prevention activities related to drug abuse in this community. Some meetings include guest speakers come to share information about issues and solutions i.e. the state's Drug Endangered Children Task Force. A meth travel bag with protocols and necessary supplies were designed and provided to the DCFS field staff.   ATU professor has developed and sent out surveys regarding meth use and this group is working on a project that involves an in house counselor that deals specifically with meth clients.

Non-Metropolitan Site Two

St. Francis County is the 23rd largest county in the state, with a 2000 Census population of around 29 thousand. Demographically, St. Francis County is a prototypical Delta county, with a very high percentage of foster children who are black. In recent years, Hispanic children have come to represent an increasingly significant percentage of children in foster care. Like Pope County, St. Francis County also has a relatively experienced and stable staff and management structure.

The primary city and DCFS county office site in St. Francis County is Forrest City. Forrest City is located about 90 miles east of Little Rock and is the 25th largest city in the state, with a 2000 Census population of around 15 thousand.

Promising Approaches in St. Francis County include- Project Access: - Opening the Door to Support, Safety, and Services for Victims of Domestic Violence and Child Maltreatment. The Coalition which is called the St. Francis County Rural Domestic Violence and Child Victimization Enforcement Coalition which is a collaborative effort with Counseling Services of Easter Arkansas, DCFS, the Forrest City Police Department, Madison Police Department; Palestine Police Department; St. Francis County District Court; All Is Well Homeless Shelter; City of Caldwell; Forrest City Medical Center and Legal Aid of Arkansas, was awarded a $300, 000 grant to provide services for victims of domestic violence and child maltreatment.

Metropolitan Site

Pulaski County, the largest county in the state and, as such, a mandatory selection for an on-site review, has a diverse population, economy, natural setting and social structure. Its population mirrors the State's racial, ethnic, age and gender makeup. Its balanced economy derives from state and local government, business and industry, finance and nonprofit sectors. It derives its urban/suburban character from a widespread network of community organizations, neighborhood associations, civic clubs, recreational and sports groups, cultural centers and churches. Located in the geographic center of Arkansas, Pulaski County is one of the state's five original counties and has been at the center of Arkansas government, politics, business, art and culture for almost two centuries.

Two major nonprofit organizations, Heifer Project International and World Services for the Blind have located their corporate headquarters in Pulaski County, and in November 2004, the William Jefferson Clinton Presidential Library, located on the bank of the Arkansas River in Pulaski County, completed construction and opened its doors. Major health facilities such as the

University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital, Baptist Medical Center, John McClelland Veteran's Affairs Hospital, St. Vincent Infirmary Center, and the Arkansas Heart Hospital are all located in Little Rock. In contrast to many parts of the state, Pulaski County is a relatively "service-rich" environment.

Approximately 85 percent of Pulaski County's population lives within the incorporated areas of its eight cities. Little Rock, with a 2000 Census population of around 184 thousand, is the largest city in both the state and the county, followed by North Little Rock (60 thousand residents), Jacksonville (30 thousand residents), Sherwood (21 thousand residents), and Maumelle (10 thousand residents). Smaller cities within Pulaski County include Wrightsville, Cammack Village, and Alexander.

Promising Approaches In Pulaski County include- The **Children of Arkansas Loved for a Lifetime** (**C.A.L.L**.) Foster Care Church an initiative in Pulaski County that was formed in November of 2006 by a group of 30+ churches with CASA and DCFS staff. With support from the top leadership of the Division and the Department, a group was formed along with state staff to provide the support to recruit prospective foster care and adoption families. The 1st steps of this group were to recruit a "pilot group" of potential foster parents from among the churches. Development of a recruitment video was completed in January and is currently available. This group identified volunteers to be trained to provide the Foster/Adopt Pride training, identify LCSW volunteers to complete home studies.

Children's Protection Center of Pulaski County was opened February 2007. The purpose of the center is for all team members conducting and involved in a child maltreatment investigation is involved in a process that has one lead interviewer to conduct the interview of the child. All interviews are taped; there is a child friendly interview room with a two-way mirror allowing the other members to view the interview. The lead interviewers include Arkansas State Police, local police departments and a staff person from the prosecutors' office is a part of the team. The center conducts about 10 interviews a week utilizing this approach.

QSPR Data from Most Recent Reviews of Selected Sites. The table on the following four and a half pages gives results from the most recent QSPRs conducted in the DCFS Service Areas that include the counties selected for onsite review in the preceding section. Eighty cases from Pulaski County (Area 6) were reviewed in December 2006-January 2007. Forty cases from Area 5 (of which Pope County is the largest in the area) were reviewed in January-February 2007. Forty cases from Area 10 (which includes St. Francis County) were reviewed in July 2007.

In the interest of saving space with what remains a rather large table, results are shown only for those cases for which a given item was applicable, which is why area totals vary from item to item and are often less than the total numbers of cases reviewed in each area.

QSPR DATA FROM MOST RECENT REVIEWS OF SITES SELECTED FOR ONSITE REVIEWS
(RESULTS SHOWN ONLY FOR CASES FOR WHOM THE ITEM WAS APPLICABLE)

	PULASKI, AREA 6		AREA 5		AREA 10	

QSPR SAFETY OUTCOME 1: Children are, first and foremost, protected from abuse and neglect.

	N	%	N	%	N	%
Substantially Achieved	67	90.5	26	86.7	29	96.7
Partially Achieved	3	4.1	3	10.0	0	0.0
Not Achieved	4	5.4	1	3.3	1	3.3
Total	74	100.0	30	100.0	30	100.0

QSPR ITEM 1: Timeliness of initiations of child maltreatment investigations.

	N	%	N	%	N	%
Strength	48	94.1	23	92.0	21	95.5
Area Needing Improvement	3	5.9	2	8.0	1	4.5
Total	51	100.0	25	100.0	22	100.0

QSPR ITEM 2: Maltreatment within 6 months after initial report.

	N	%	N	%	N	%
Strength	53	89.8	22	84.6	23	95.8
Area Needing Improvement	6	10.2	4	15.4	1	4.2
Total	59	100.0	26	100.0	24	100.0

QSPR SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate.

	N	%	N	%	N	%
Substantially Achieved	41	69.5	28	96.6	35	92.1
Partially Achieved	8	13.6	1	3.4	2	5.3
Not Achieved	10	16.9	0	0.0	1	2.6
Total	59	100.0	29	100.0	38	100.0

QSPR ITEM 3: Services provided to protect child(ren) in home and prevent removal.

	N	%	N	%	N	%
Strength	32	74.4	19	100.0	23	95.8
Area Needing Improvement	11	25.6	0	0.0	1	4.2
Total	43	100.0	19	100.0	24	100.0

QSPR ITEM 4: Reducing the risk of harm to child(ren).

	N	%	N	%	N	%
Strength	44	77.2	27	96.4	35	94.6
Area Needing Improvement	13	22.8	1	3.6	2	5.4
Total	57	100.0	28	100.0	37	100.0

| | PULASKI, AREA 6 | | AREA 5 | | AREA 10 | |

QSPR PERMANENCY OUTCOME 1: Children have permanency and stability in their living situations.

	N	%	N	%	N	%
Substantially Achieved	24	60.0	15	78.9	14	77.8
Partially Achieved	10	25.0	3	15.8	4	22.2
Not Achieved	6	15.0	1	5.3	0	0
Total	40	100.0	19	100.0	18	100.0

QSPR ITEM 5: Preventing re-entries of child(ren) into foster care.

	N	%	N	%	N	%
Strength	12	85.7	8	88.9	7	100.0
Area Needing Improvement	2	14.3	1	11.1	0	0.0
Total	14	100.0	9	100.0	7	100.0

QSPR ITEM 6: Stability of foster care placement.

	N	%	N	%	N	%
Strength	32	80.0	16	84.2	16	84.2
Area Needing Improvement	8	20.0	3	15.8	3	15.8
Total	40	100.0	19	100.0	19	100.0

QSPR ITEM 7: Permanency goal for child(ren).

	N	%	N	%	N	%
Strength	27	69.2	16	84.2	16	84.2
Area Needing Improvement	12	30.8	3	15.8	3	15.8
Total	39	100.0	19	100.0	19	100.0

QSPR ITEM 8: Reunification, guardianship, or permanent placement with relatives.

	N	%	N	%	N	%
Strength	14	56.0	8	61.5	6	66.7
Area Needing Improvement	11	44.0	5	38.5	3	33.3
Total	25	100.0	13	100.0	9	100.0

QSPR ITEM 8A: Independent living.

	N	%	N	%	N	%
Strength	12	60.0	8	66.7	8	80.0
Area Needing Improvement	8	40.0	4	33.3	2	20.0
Total	20	100.0	12	100.0	10	100.0

QSPR ITEM 9: Timeliness of adoptions.

	N	%	N	%	N	%
Strength	8	40.0	1	25.0	4	57.1
Area Needing Improvement	12	60.0	3	75.0	3	42.9
Total	20	100.0	4	100.0	7	100.0

QSPR ITEM 10: Other planned permanent living arrangements.

	N	%	N	%	N	%
Strength	5	62.5	3	75.0	5	100.0
Area Needing Improvement	3	37.5	1	25.0	0	0.0
Total	8	100.0	4	100.0	5	100.0

	PULASKI, AREA 6		AREA 5		AREA 10	

QSPR PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children.

	N	%	N	%	N	%
Substantially Achieved	23	60.5	15	83.3	19	100.0
Partially Achieved	7	18.4	3	16.7	0	0.0
Not Achieved	8	21.1	0	0.0	0	0.0
Total	38	100.0	18	100.0	19	100.0

QSPR ITEM 11: Proximity of foster care placement.

	N	%	N	%	N	%
Strength	23	100.0	17	100.0	14	100.0
Area Needing Improvement	0	0.0	0	0.0	0	0.0
Total	23	100.0	17	100.0	14	100

QSPR ITEM 12: Placement with siblings.

	N	%	N	%	N	%
Strength	14	73.7	9	100.0	11	100.0
Area Needing Improvement	5	26.3	0	0.0	0	0.0
Total	19	100.0	9	100.0	11	100.0

QSPR ITEM 13: Visiting with parents and siblings while in foster care.

	N	%	N	%	N	%
Strength	11	68.8	11	73.3	9	100.0
Area Needing Improvement	5	31.3	4	26.7	0	0.0
Total	16	100.0	15	100.0	9	100.0

QSPR ITEM 14: Preserving connections.

	N	%	N	%	N	%
Strength	16	69.6	14	87.5	17	100.0
Area Needing Improvement	7	30.4	2	12.5	0	0.0
Total	23	100.0	16	100.0	17	100.0

QSPR ITEM 15: Relative placements.

	N	%	N	%	N	%
Strength	16	55.2	12	92.3	16	88.9
Area Needing Improvement	13	44.8	1	7.7	2	11.1
Total	29	100.0	13	100.0	18	100.0

QSPR ITEM 16: Relationship of child in care with parents.

	N	%	N	%	N	%
Strength	9	90.0	11	84.6	10	100.0
Area Needing Improvement	1	10.0	2	15.4	0	0.0
Total	10	100.0	13	100.0	10	100.0

	PULASKI, AREA 6		AREA 5		AREA 10	

QSPR WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs.

	N	%	N	%	N	%
Substantially Achieved	23	28.8	32	80.0	35	87.5
Partially Achieved	27	33.8	6	15.0	2	5.0
Not Achieved	30	37.5	2	5.0	3	7.5
Total	80	100.0	40	100.0	40	100.0

QSPR ITEM 17: Needs of child, parents, and foster parents are assessed and necessary services are provided.

	N	%	N	%	N	%
Strength	40	50.0	36	90.0	35	87.5
Area Needing Improvement	40	50.0	4	10.0	5	12.5
Total	80	100.0	40	100.0	40	100.0

QSPR ITEM 18: Children and their families are involved in case planning.

	N	%	N	%	N	%
Strength	35	44.3	31	77.5	35	87.5
Area Needing Improvement	44	55.7	9	22.5	5	12.5
Total	79	100.0	40	100.0	40	100.0

QSPR ITEM 19: Caseworker visits with child(ren).

	N	%	N	%	N	%
Strength	26	37.7	33	82.5	33	82.5
Area Needing Improvement	43	62.3	7	17.5	7	17.5
Total	69	100.0	40	100.0	40	100.0

QSPR ITEM 20: Caseworker visits with parents.

	N	%	N	%	N	%
Strength	17	30.4	27	84.4	25	86.2
Area Needing Improvement	39	69.6	5	15.6	4	13.8
Total	56	100.0	32	100.0	29	100.0

QSPR WELL-BEING OUTCOME 2: Children receive adequate services to meet their educational needs.

	N	%	N	%	N	%
Substantially Achieved	37	84.1	19	95.0	18	100.0
Not Achieved	7	15.9	1	5.0	0	0.0
Total	44	100.0	20	100.0	18	100.0

QSPR ITEM 21: Educational needs and services.

	N	%	N	%	N	%
Strength	37	86.0	19	95.0	18	100.0
Area Needing Improvement	6	14.0	1	5.0	0	0.0
Total	43	100.0	20	100.0	18	100.0

	PULASKI, AREA 6		AREA 5		AREA 10	

QSPR WELL-BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs.

	N	%	N	%	N	%
Substantially Achieved	37	84.1	22	100.0	23	100.0
Partially Achieved	5	11.4	0	0.0	0	0.0
Not Achieved	2	4.5	0	0.0	0	0.0
Total	44	100.0	22	100.0	23	100.0

QSPR ITEM 22: Physical health needs and services.

	N	%	N	%	N	%
Strength	36	85.7	20	100.0	22	100.0
Area Needing Improvement	6	14.3	0	0.0	0	0.0
Total	42	100.0	20	100.0	22	100.0

QSPR ITEM 23: Mental health needs and services.

	N	%	N	%	N	%
Strength	39	92.9	19	100.0	19	100.0
Area Needing Improvement	3	7.1	0	0.0	0	0.0
Total	42	100.0	19	100.0	19	100.0

5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please note their roles in the process.

In building the Statewide Assessment Team (SWAT), we wanted to ensure the broadest representation from all agencies, organizations, and stakeholders that work with DCFS on a daily basis to provide child welfare services to the children and families of the state. The affiliations of the members of the SWAT (shown in the table below) indicates that we were largely successful in achieving this goal.

The SWAT met four times during the preparation of this document:

1. October 3, 2007
2. October 16, 2007
3. November 1, 2007
4. November 15, 2007

SWAT members contributed to the statewide assessment process in a number of ways including:

1. Reviewing and commenting on this document in its various draft stages.
2. Sharing their experience and perceptions of the state's performance on the seven child and family outcome domains and the seven systemic factors. Within the four SWAT meetings, participants were asked to address:
   a. key issues and problems in each of those domains,
   b. possible solutions and promising approaches to resolving those issues, and
   c. any barriers that might make the implementation of the solutions problematic.
3. Providing written comments on any of the above issues.

Members of the Statewide Assessment Team (SWAT) are listed in the table below.

Members of the Statewide Assessment Team

Name	Affiliation
Pat Page	DCFS Director
Debbie Shiell	DCFS Program Administrator and CFSR Coordinator
Larry Santi, Ph.D.	Hornby Zeller Associates, Data and Technical Assistance
Karen Armer	RN, DCFS
Tonya Tackett	Area Manager, DCFS – Largest Metropolitan Area
Judge Joyce Warren	Juvenile Judge, 6th Division, Circuit Court
Judge Wiley Branton	Juvenile Judge, 8th Division Circuit Court
Sherry Williamsom	Arkansas Commission on Child Abuse, Domestic Violence and Rape
Cathy Piercy	Therapeutic Foster Care Provider/Ozark Guidance
Loretta Alexander	Foster/Adoptive Parent – Pulaski
Shelly Crabill	Independent Living Coordinator, Pope County, DCFS
Gary Ewart	Area Manager, DCFS
Debora Hudspeth	Area Manager, DCFS – Site 2
Mona Davis	Planning Manager, DCFS

Name	Affiliation
Lynn Pence	Parent Counsel, Pulaski County
Michele Trulstred	CASA Coordinator, Pulaski County
Terri Looney	Court Improvement Project, Administrative Offices of the Court
Jennifer Ferguson	Arkansas Advocates for Children and Families
Treda Rice-Vance	County Supervisor, Arkansas, County, DCFS
Gloria Billings	Program Coordinator, Area 4, DCFS
Sheri Jo McClemore	Arkansas Child Abuse Prevention – CBCAP
Lisa McGehee	Office of Chief Counsel, DHS
Melissa Singleton	Office of Chief Counsel, DHS
Aaron Phillips	IV-E Partnership Trainer, University of Arkansas, Fayetteville, Arkansas
Lillie Owens	Adoptions Unit Manager, DCFS
Shannon Hawkins	Foster Youth – Area IX
Andre McGowan	Foster Youth – Area V
Sylvester Dunbar	Quality Assurance Unit, DCFS
Robert Anderson	Jefferson County Family Resource Center
Kay Forrest West	Office of Chief Counsel, DHS
Renia Robinette	Attorney Ad Litem Coordinator, Administrative Offices of the Court
Michael Haggard	Foster Youth - Area V
Richard Powell	Community Services Assistant Director
Milton Graham	Interim Program Administrator, DCFS
Lynn Kell	Care Coordinator, ACADC
Wilma Tatum	Program Administrator, Community Support
Darcy Dinning	Office of Technical Assistance, DHS
Rosemary White	Area Manager, Area VII, DCFS
Maxwell Snowden	Director, Arkansas Commission on Child Abuse, Domestic Violence and Rape
Kimberly Sowell	Adoption Supervisor, Area V, DCFS
Tracy White	RN, Drew County - Area X
Cheryl Scott	Area Manager, Area V, DCFS
Sue Bruner	Area Manager, Area IV, DCFS
Curtis Parker	Area Manager, Area X, DCFS
Melissa Mitchell	Area Manager, Area II, DCFS
Kay West Forrest	OCC, Field Supervisor, Attorney, DHS
Richard Powell	Assistant Director, Community Services
Tonya Tackett	Area Manager, Area VI, DCFS – Site 1
Stephanie Beasley	County Supervisor, Area VI, DCFS – Site 1

The Division also engaged in a number of informational outreach efforts to apprise the community, consumers and the state of the Child and Family Service Review process. (These informational sessions are in addition to the more participatory focus sessions listed as "data sources" in Section III of this document.) The informational sessions are listed below:

Group	Informational Session Date
Legislative Subcommittee on Children and Youth	July 17, 2007
Professional Development Team	July 19, 2007
DCFS Foster Parent Advisory Group	July 20, 2007
MidSOUTH Training Academy and IV-E Partners	July 25, 2007
DCFS "In The Know" Conference	September 10-11, 2007
DCFS Advisory Group	September 28, 2007
Administrative Office of the Court, Judicial Council Meeting	October 17, 2007
Annual Foster Parent Conference	October 26, 2007
Annual Judges Meeting	November 8, 2007